11198

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 242

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville — LENGTH OF STAY (In this place) 10 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spaulding Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) Spaulding Avenue

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Susie	Emma	Addison	Nov	27	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	Color	Widow	Dec 2, 1869	81 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None		District of Columbia	U. S. A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Benjamin Mullen	Harriett R Jenny

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No		Phoebe Ford, Hyattsville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

4142X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James D. Boyd	M.D.	Forestville Md	11/27/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
	11-30-51	Paynes	Washington	D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 27-1951	Carrie L. Campbell	H. S. Washington & Son	467 N St. NW

RECEIVED
NOV 30 1961
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11199

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince George's; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Rainier; LENGTH OF STAY (in this place) 6 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 4206 - 32nd. St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Pr. Geo.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Rainier.; STREET ADDRESS (If rural, give location) 4206 - 32nd. St

3. NAME OF DECEASED (Type or Print): (First) Leonard (Middle) S. (Last) Baker

4. DATE OF DEATH: (Month) 11 (Day) 30 (Year) 1951

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 11/21/1902

9. AGE last birthday: 49 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Supt. Grocery

10b. KIND OF BUSINESS OR INDUSTRY: Pie Co.

11. BIRTHPLACE (State or foreign country): Antietam, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William J. Baker

14. MOTHER'S MAIDEN NAME: Mae Ingraham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY No. 577-10-8361

17. INFORMANT AND ADDRESS: Catherine V. Baker (Same as above)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary occlusion	Immediate
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Myocardial failure, grade IV	40 days
	(c) atypical pneumonia	3 days

4/20.1 940

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 29, 1951, to Nov 30, 1951, that I last saw the deceased alive on Nov 29, 1951, and that death occurred at 3 °° A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Frank R. Shea M.D. ADDRESS 4100 - 22nd St NE Wash DC DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF 12/3/1951; NAME OF CEMETERY OR CREMATORY: Mountain View Cem.; LOCATION (City, town, or county) (State): Sharpsburg, Md.

DATE REC'D BY LOCAL REG. DEC 3, 1951; REGISTRAR'S SIGNATURE: James Devey

24. FUNERAL DIRECTOR: Nalley's Funeral Home; ADDRESS: 3200 - R.I. Ave. Mt. Rainier, Md.

RECEIVED
DEC - 4 1951
BUREAU V. S.

11200

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lanham. | LENGTH OF STAY (In this place) 1 yr 1 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2211 Banning Pl.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lanham.
STREET ADDRESS (If rural give location) 2211 Banning Pl.

3. NAME OF DECEASED (Type or Print): (First) Gary (Middle) Allan (Last) Barrows
4. DATE OF DEATH: (Month) 11 (Day) 30 (Year) 1951
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)
8. DATE OF BIRTH: Aug 29 1946
9. AGE last birthday: 5 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY None.
11. BIRTHPLACE (State or foreign country) Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Warren Irving Barrows.
14. MOTHER'S MAIDEN NAME Mary Ethel Stoneburner.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Warren Irving Barrows

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hemoblastoma of left Adrenal. — Interval Between Onset and Death: 1 week

195X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) and gen Metastasis - — 6/21/51 (approx.)

548 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 6/28/51
19b. MAJOR FINDINGS OF OPERATION Large tumor mass in left abd retroperitoneal
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/3/, 1946, to 11/30/, 1951, that I last saw the deceased alive on 11/30/, 1951, and that death occurred at 11 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Howard Thorne MD 7130 Carroll Ave Takoma Park Md 11/30/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Dec 3, 1951
NAME OF CEMETERY OR CREMATORY George Washington Mem.
LOCATION (City, town, or county) Rgg Rd & Georgia (State) Md.

DATE REC'D BY LOCAL REG. Nov 30, 1951
REGISTRAR'S SIGNATURE James Leary
24. FUNERAL DIRECTOR Walter Walters ADDRESS 254 Carroll St. N.W.

VS. A15

RECEIVED
DEC. 3 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11201

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville Md
LENGTH OF STAY (In this place) 22 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mother Jones Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince George's Co
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville Md
STREET ADDRESS (If rural, give location) 5117 Decatur Street,.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Amelia		Becker	Nov 13, 1951 — 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs: Hours / Min.
female	white	Widowed	July 13, 1860	91 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	own home	New York	U S A

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Fred Becker	Amelia Kautz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
none	none	Geo. P Conner Hyattsville Maryland.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Hypostatic pneumonia	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Fracture of right femur.	
	(c)	

903.0
166a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility — Arteriosclerosis (Generalized)

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Rest Home	Hyattsville	Pr. Geo.	Md

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR?
11-1-51-4.30 P.M.		While Performing about the Home - she slipped & fell.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐ Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒ suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
John D. Maloney. M.D. Dep. Med. Exam.	Church. Hyattsville.	11-14-51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/15/1951	Evergreen Cemetery	Bladensburg Md

DATE REC'D BY LOCAL REG	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov 15, 1951	James Silvey	F. Gasch's Sons	Hyattsville Maryland.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
NOV. 16 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

112102

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington 19 DC — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 710 Central Ave SE. - DC 19

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington 19 DC
STREET ADDRESS (If rural, give location) 710 Central Ave - S.E Washington 19 D.C.

3. NAME OF DECEASED (Type or Print): (First) Elizabeth (Middle) Agnes (Last) Belt,

4. DATE OF DEATH: (Month) Nov (Day) 7 (Year) 1957

5. SEX: Fem — 6. COLOR OR RACE: white — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed — 8. DATE OF BIRTH: Dec 6 1875 — 9. AGE last birthday: 75 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife — 10b. KIND OF BUSINESS OR INDUSTRY: None — 11. BIRTHPLACE (State or foreign country): Wash. D.C. — 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Thomas Plunkett — 14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No — 16. SOCIAL SECURITY NO.: None — 17. INFORMANT AND ADDRESS: Mrs Loretta M. Wood. 710 Central Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — 8 hrs.

331 / 330 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) General Arteriosclerosis Senile — unknown

(c) —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: none — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) Natural Causes — PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 13, 1957, to Nov 7, 1957, that I last saw the deceased alive on Nov 7, 1957, and that death occurred at 3:20 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Paul C Van Yatta MD 5740 Silver Hill Rd Washington 19 Nov 7 1957

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF Nov. 9 1957 — NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery — LOCATION (City, town, or county) Wash D.C. (State)

DATE REC'D BY LOCAL REG. Nov. 8. 1957 — REGISTRAR'S SIGNATURE Carrie F. Campbell. — 24. FUNERAL DIRECTOR W. Waltonville — ADDRESS 3619 - 14th St N.W

WASH. D.C.

RECEIVED
NOV 13 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

1263

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN N. Woodridge — LENGTH OF STAY (In this place) 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4605 - 24th Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN N. Woodridge
STREET ADDRESS (If rural, give location) 4605 - 24th Ave

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Mary	John	Bonner	11 -	12 -	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
Female	White	Married	7-24-1875	76 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Self	California	USA

13. FATHER'S NAME Carson Lohr — 14. MOTHER'S MAIDEN NAME Elizabeth Kelly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No		Husband - Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute congestive heart failure — Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

142 X
131 2

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
			m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident ___, suicide ___, homicide ___, undetermined ___.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John J. Maloney M.D. Dep Md Exam.		Cheverly Hyattsville md	11-12-51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/14/51	Mt Olivet Cemetery	Wash. D.C.

DATE RECD. BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Nov 13, 1951	James Seney	Palladino Funeral Home Inc. 3200 - R.D. Ave. Mt. Rainier, Md.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College PARK
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7204 Bowdin Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park
STREET ADDRESS (If rural, give location) 7204 Bowdin Ave

3. NAME OF DECEASED (Type or Print): (First) ELLis (Middle) Jacob (Last) BISBYER
4. DATE OF DEATH: (Month) Nov (Day) 17 (Year) 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
MALE	White	Married	3/5/1891	59 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MACHINIST
10b. KIND OF BUSINESS OR INDUSTRY: Engraving Co.
11. BIRTHPLACE (State or foreign country): Austria
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 111-09-4368
17. INFORMANT AND ADDRESS: Edgar Bisbyer 1216-Potomac St. N.W. Wash, D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	4 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardio-vascular Disease	
	(c)	

420.1
92.2

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-14, 1951, to 11-17, 1951, that I last saw the deceased alive on 11-17, 1951, and that death occurred at 3:45 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Edw. Steiner M.D. College Park, Md 11-17-51

23. BURIAL, CREMATION REMOVAL (Specify): CREMATION | DATE THEREOF: 11/19/1951 | NAME OF ~~CEMETERY~~ OR CREMATORY: Cedar Hill Crematory | LOCATION (City, town, or county) (State): Suitland, Pr. Geo, Md

DATE REC'D BY LOCAL REG.: Nov 19-1951 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR ADDRESS: W.W. Chambers Co – Riverdale Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information fully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2465

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale — LENGTH OF STAY (in this place) 17 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eugene Leland Memorial Hos

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY ~~Montgomery~~ Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mitchelville
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Edith	—	Bitting	Nov.	23	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	White	Married	Aug. 7, 1879	72 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
—	—	Philadelphia, Pa.	Am.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John McConnell	Martha Scott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
—	—	Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Thrombosis	2 days
332X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 61	(b) General arteriosclerosis	8 yrs.
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Diabetes mellitus.	- 8 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 6/13, 19 43, to 11/23, 19 51, that I last saw the deceased alive on 11/23, 19 51, and that death occurred at 12:15 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
L. W. Malin M.D.	Riverdale, Maryland	11/23/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	25 Nov 1951	Mt Oak	Mitchellville Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov 27 1951	James Levy	J. Dosch's Sons	Hyattsville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 243

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bowie — LENGTH OF STAY (In this place) 6 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bowie
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Raymond (Middle) James (Last) Brookman

4. DATE OF DEATH: (Month) 11 (Day) 15 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: Sept. 22, 1951

9. AGE last birthday: yrs. 6 — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Brookman, Jr.

14. MOTHER'S MAIDEN NAME: Florence L. Arnold

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Mother - Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pneumonia

344X Antecedent cause(s) Disease or condition, if any, giving rise to the above cause stating the underlying cause last (b) Broncho pneumonia (acute)

157a (c) Hydrocephalus

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John D. Mahoney, M.D. - Dep. Med. Exam. - Cheverly, Hyattsville - 11-16-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 16 Nov 1951 | NAME OF CEMETERY OR CREMATORY Evergreen Cemetery | LOCATION (City, town, or county) Bladensburg (State) Md.

DATE REC'D BY LOCAL REG. 11-16-51 | REGISTRAR'S SIGNATURE Amanda L. Downey 11-18-51 Agnes M. Yingling

24. FUNERAL DIRECTOR: E. Daniels Sons | ADDRESS Hyattsville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

: 1207

Reg. Dist. No. 231

1. PLACE OF DEATH
COUNTY: Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Beverly
MARYLAND — LENGTH OF STAY (In this place): 5 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 6014 - State Street

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland COUNTY: Pr. Geo.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: Beverly
STREET ADDRESS (If rural, give location): 6014 - State Street.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Falco		Bruno	Nov.	9	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
Male	White	Married	Sept 29 1881	70 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired	Buffer	Italy	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Savorio Bruno	Mary Scodalopia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
		Rose Bruno - Same -

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) C.C. congestive heart failure

422.2 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular disease

13d (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John D. Maloney M.D.	Dep. Med. Exam.	Beverly Hyattsville Md	11-9-1951

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/12/51	Mount Olivet Cemetery	Prince Georges Co. Md.

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/10/51	Amanda Downey	E. Peach & Son	Hyattsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince George's; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly; STATE MARYLAND; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Prince George; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville; STREET ADDRESS (If rural, give location) 4814 - 69th. Pl.

3. NAME OF DECEASED (Type or Print): (First) Leo (Middle) (Last) Carroll

4. DATE OF DEATH: (Month) Nov (Day) 22 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 5-15-1878

9. AGE last birthday: 73 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Mil. News

11. BIRTHPLACE (State or foreign country): D. C.

12. CITIZEN OF WHAT COUNTRY: U. S. A.

13. FATHER'S NAME: John Carl

14. MOTHER'S MAIDEN NAME: Catherine Bresnahan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Edward Carl - Brother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cirrhosis of Liver — Interval Between Onset and Death: Yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 581.0

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 5:45 P.M., from the causes and on the date stated above.

SIGNATURE Robert J. [illegible] (Degree or title) ADDRESS [illegible] DATE SIGNED Nov 24 1951

23. BURIAL, CREMATION REMOVAL (Specify): Burial; DATE THEREOF: Nov. 24/1951; NAME OF CEMETERY OR CREMATORY: Mt. Olivet; LOCATION (City, town, or county) (State): Washington, D. C.

DATE REC'D BY LOCAL REG.: 11-22-51

REGISTRAR'S SIGNATURE: Amanda Downey

24. FUNERAL DIRECTOR: J. Willard Lee Sons; ADDRESS: [illegible]

RECEIVED
NOV 26 1951
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH: COUNTY Prince Georges; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (Rural)
LENGTH OF STAY (in this place) 4yrs.,4 mo's
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 1230 - One-half St., S.W.

3. NAME OF DECEASED (Type or Print): (First) BERNARD (Middle) (Last) CHAVIS

4. DATE OF DEATH: (Month) 11 (Day) 21 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: 2/20/14

9. AGE last birthday: 37 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laboratory Technician

10b. KIND OF BUSINESS OR INDUSTRY: Hospital

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Marshall Chavis

14. MOTHER'S MAIDEN NAME: Essie Morrison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: ?

17. INFORMANT AND ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — Interval Between Onset and Death: 6yrs 10 mos

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/21, 19 47, to 11/21, 19 51, that I last saw the deceased alive on 11/21, 19 51, and that death occurred at 4^05 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Donelheo Finucane M.D. Glenn Dale Sanatorium, Glenn Dale, Md. 11/21/51

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF 11/21/51 | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REG. 11/21/51 | REGISTRAR'S SIGNATURE Rhoda Weiss

24. FUNERAL DIRECTOR John T Rhein & Co ADDRESS Third & Eye Sts. S.W., D.C.

54-868

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11250

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince George; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Cherry Hill Coach Park

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Prince Geo.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park; STREET ADDRESS (If rural, give location) Cherry Hill Coach Park

3. NAME OF DECEASED (Type or Print): (First) HENRY (Middle) Ashton (Last) CLAPHAM

4. DATE OF DEATH: (Month) NOV. (Day) 17 (Year) 1951

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: 6-23-51

9. AGE last birthday: yrs.; If under 1 year: Months 4, Days 25; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): INFANT

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: GEORGE H. CLAPHAM

14. MOTHER'S MAIDEN NAME: Alois Crissnan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: 9710 Colesville Rd. Mrs. C. L. Osbourne, Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

760.1 Immediate cause (a) ACUTE BRONCHOPNEUMONIA — Interval Between Onset and Death: 2 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) CEREBRAL BIRTH INJURY — from birth

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-16, 1951, to 11-16, 1951, that I last saw the deceased alive on 11-16, 1951, and that death occurred at 3:20 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) M. Scandiffio M.D. ADDRESS 8224 Georgia Ave. Silver Spring, Md. DATE SIGNED 11-17-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: 11/19/51; NAME OF CEMETERY OR CREMATORY: Lovettsville Union Cemetery; LOCATION (City, town, or county) (State): Lovettsville, Virginia

DATE REC'D BY LOCAL REG.: Nov 23, 1951; REGISTRAR'S SIGNATURE: James Silver

24. FUNERAL DIRECTOR: Warner & Pumphrey; ADDRESS: 8434 Ga. Ave. Silver Spring, Maryland

Dr. John T. Maloney, Prince Georges Medical Examiner,
authorized by me signing the death certificate.

M. Scandiffio M.D.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 745

11311

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4709 Riverdale Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Prince Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
STREET ADDRESS (If rural, give location) 4709 Riverdale Rd

3. NAME OF DECEASED (Type or Print): (First) EUELALIA (Middle) WATKINS (Last) CLAYTOR
4. DATE OF DEATH: (Month) Nov (Day) 24 (Year) 1951

5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 12/7/1878
9. AGE last birthday: 72 yrs.
If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Va
12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Neville watkins
14. MOTHER'S MAIDEN NAME: Susan Bowles

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: Mr Norman Clayton Riverdale Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval between onset and death: 12 hours

4200 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Heart Dis. — 5 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... , 1945, to Nov 24, 1951, that I last saw the deceased alive on Nov 24, 1951, and that death occurred at 8:30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
L W Mellen M D Riverdale, Md 11-26-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 11/26/51
NAME OF CEMETERY OR CREMATORY: Leo Cemetery
LOCATION (City, town, or county) (State): Hyattsville Md

DATE REC'D BY LOCAL REG.: Nov 25 1951
REGISTRAR'S SIGNATURE: James Seery
24. FUNERAL DIRECTOR: F Bueche Sons
ADDRESS: Hyattsville Md

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11212

CERTIFICATE OF DEATH

Reg. Dist. No. 237

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince George — STATE Maryland
CITY (If outside corporate limits, write RURAL, and give nearest town) OR TOWN Ft. Washington — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: COUNTY
CITY (If outside corporate limits, write RURAL, and give nearest town) OR TOWN Ft. Washington
STREET ADDRESS (If rural, give location) #27

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) (Last) Cohen

4. DATE OF DEATH: (Month) Nov. (Day) 30 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June 4 1906

9. AGE last birthday: 45 yrs. — If under 1 year: Months. — If under 24 hrs.: Days / Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Director, Dev. Services Adm.

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Govt

11. BIRTHPLACE (State or foreign country): Antigo Wiss.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Louis Cohen

14. MOTHER'S MAIDEN NAME: Lena Rosenblum

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes. — (If year, give war or dates of service): 1942-1943

16. SOCIAL SECURITY NO.

17. INFORMANT: Jean Cohen, wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion. — Interval between onset and death: One Day

420.1

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

74a

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 7:15 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Adolf Carlman M.D. — ADDRESS 1907 Eye St. N.W. — DATE SIGNED 11/30/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Dec. 3, 1951 — NAME OF CEMETERY OR CREMATORY: Arlington Nat. Cemetery — LOCATION (City, town, or county) (State): Arlington, Va.

DATE REC'D BY LOCAL REG. 11/30/51 — REGISTRAR'S SIGNATURE: Amanda Dowdy

24. FUNERAL DIRECTOR — ADDRESS: D. Valyansky & Son. Howard Road

Mrs. Alta Davis

RECEIVED
DEC 13 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11213

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cedarville — LENGTH OF STAY (In this place) 28 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Brandywine, md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE maryland — COUNTY P.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brandywine
STREET ADDRESS (If rural, give location) Brandywine md

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Ethel	Emert	Cooke	11	12	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
female	white	widow	June 26, 1885	66 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	Self	Maryland	U. S. A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John T. Cooke	Elizabeth Young

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no		Mrs Gertrude Cooke, Cedarville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute congestive heart failure

4420 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

131a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Arned J. Boyd	M.D.	Forestville Md	11/12/51

23. BURIAL (CREMATION REMOVAL) (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
	Nov 14-51	St Peters	Waldorf	md

DATE REC'D BY LOCAL REG	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11-12-51	J. N. Billingsley	Thomas A. Ray and Wesley	Md

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 239

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Prince George. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
LENGTH OF STAY (in this place) 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
STREET ADDRESS 9th (If rural, give location) Laurel Md

3. NAME OF DECEASED (Type or Print): (First) HARRY (Middle) (Last) COOPER
4. DATE OF DEATH (Month) Nov (Day) 24 (Year) 1957

5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH Unknown
9. AGE last birthday about 78 yr. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) General Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Howard Co Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Henry Cooper
14. MOTHER'S MAIDEN NAME Sophia Gibbs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Louise Cooper Laurel R-3

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) ~~Gen~~ Generalized arteriosclerosis — Interval between onset and death: 2 y

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 450.0

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Auricular fibrillation — 10 y

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-27, 1957, to 11-24, 1957, that I last saw the deceased alive on 11-23, 19 57 and that death occurred at 9:35 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Wm. R. Bunge M.D. ADDRESS Laurel, Md DATE SIGNED 11-24-57

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Nov 27 1957
NAME OF CEMETERY OR CREMATORY Snell Cemetery
LOCATION (City, town, or county) (State) Howard Co Md

DATE REC'D BY LOCAL REGISTRAR Nov 27-57
REGISTRAR'S SIGNATURE M. Brashears
24. FUNERAL DIRECTOR Hockley-Selby
ADDRESS Laurel, Md

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 342

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Meadow View
LENGTH OF STAY (In this place) 14 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4816 Meadow View Drive

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Meadow View
STREET ADDRESS (If rural, give location) 4816 Meadow View Drive

3. NAME OF DECEASED (Type or Print): (First) Albert (Middle) Bartholomew (Last) Crombie

4. DATE OF DEATH: (Month) Nov. (Day) 21 (Year) 195

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Sept. 2, 1903

9. AGE last birthday: 48 yrs. If under 1 year: Months / Days. If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk

10b. KIND OF BUSINESS OR INDUSTRY: U. S. Post Office

11. BIRTHPLACE (State or foreign country): Connecticut

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry David Crombie

14. MOTHER'S MAIDEN NAME: Nora O'Donohue

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Michael A. Crombie same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Bronchopneumonia

(c) Cardiovascular renal disease

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy* ☒, *Inspection* ☒ *Inquiry* ☒ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural cause* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

SIGNATURE James A. Boyd (Degree or title) M. D. ADDRESS Forestville, Md. DATE SIGNED 11/22/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 11/24/51 | NAME OF CEMETERY OR CREMATORY: Cedar Hill Cemetery | LOCATION (City, town or county) (State): Suitland, Md.

DATE REC'D BY LOCAL REG. 11/24/51 | REGISTRAR'S SIGNATURE Amanda Stuney Carrie F. Campbell | 24. FUNERAL DIRECTOR AND ADDRESS: F. Gasch & Son Hyattsville

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly — LENGTH OF STAY (In this place) 3 3/12 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 1563 - Rustertown Road -
STREET ADDRESS (If rural, give location) Pikesville, Md.

3. NAME OF DECEASED (Type or Print): (First) Edward (Middle) (Last) Deller

4. DATE OF DEATH: (Month) Nov. (Day) 5 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 3-31-04

9. AGE last birthday: 47 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Caretaker

10b. KIND OF BUSINESS OR INDUSTRY: National Guard

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: August Deller

14. MOTHER'S MAIDEN NAME: Elizabeth Schroeder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral laceration and compression

962.6 / 136a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Subdural Hemorrhage

(c) Fractured skull -

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hemorrhage shock due to fracture of pubis

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING: PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Place of occupation — (CITY OR TOWN) Glenelg — (COUNTY) Prince Georges — (STATE) Md.

TIME OF INJURY (Month) 11 (Day) 4 (Year) 51 (Hour) 4 p.m. — INJURY OCCURRED: White at work ☒ / Not while at work ☐

HOW DID INJURY OCCUR? Apparently fell from sleeping loft to floor - 12 feet below -

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: John J. Malony — (Degree or title) M.D. — ADDRESS: Dep. Med. Exam. Cheverly Maryland — DATE SIGNED: 11-6-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 6 Nov 1951 — NAME OF CEMETERY OR CREMATORY: McNabb Funeral Home — LOCATION (City, town, or county) (State): Catonsville Md.

DATE REC'D BY LOCAL REG. 11/6/51 — REGISTRAR'S SIGNATURE: Amanda Downey

24. FUNERAL DIRECTOR: John T. McNabb Jr. — ADDRESS:

V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 765

1. PLACE OF DEATH: COUNTY Prince Georges / MONTGOMERY — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HYATTSVILLE
LENGTH OF STAY (in this place) 4YRS- 9MO.
HOSPITAL OR INSTITUTION OR STREET ADDRESS SACRED HEART HOME

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WASHINGTON
STREET ADDRESS (If rural, give location) 80 N.Y. AVE. N.W.

3. NAME OF DECEASED (Type or Print): (First) ROSE (Middle) L (Last) DIERKEN
4. DATE OF DEATH: (Month) 11 (Day) 23 (Year) 1951
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOW
8. DATE OF BIRTH: 10-12-74
9. AGE last birthday: 77 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CLERK (RETIRED)
10b. KIND OF BUSINESS OR INDUSTRY: U.S. GOVT.
11. BIRTHPLACE (State or foreign country): WASH. D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: JOHN W. CONNOR
14. MOTHER'S MAIDEN NAME: DELIA M. CORRIDON
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO — (If yes, give war or dates of service)
16. SOCIAL SECURITY No. —
17. INFORMANT AND ADDRESS: SACRED HEART HOME RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinoma of the stomach	one yr
157X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 46	(b)	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Generalized Arteriosclerosis	5yrs

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1, 1945, to Nov 23, 1951, that I last saw the deceased alive on Nov 22, 1951, and that death occurred at 4:50 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

M.D. 322 H St NE 11-23-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 11/26/51 — NAME OF CEMETERY OR CREMATORY: Mt Olivet Cemetery — LOCATION (City, town, or county): Wash. — (State): D.C.

DATE REC'D BY LOCAL REG.: Nov 23, 1951 — REGISTRAR'S SIGNATURE: James Devey

24. FUNERAL DIRECTOR: Francis Goelin — ADDRESS: 3821-14th St. N.W. Wash. D.C.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 245

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Prince Georges — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale — LENGTH OF STAY (In this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville, Md.
STREET ADDRESS (If rural, give location) 5417-21st Place Cwandale Terr.

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Leonard (Last) Hoesch
4. DATE OF DEATH: (Month) 11-4 (Day) (Year) 1957
5. SEX: MALE
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec 26 1910
9. AGE last birthday: 47 yrs. If under 1 year: Months / Days. If under 24 hrs: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Baker
10b. KIND OF BUSINESS OR INDUSTRY: Hecht Bakery
11. BIRTHPLACE (State or foreign country): Washington D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Louis Michael Hoesch
14. MOTHER'S MAIDEN NAME: Mary Phelan
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 578-09-6736
17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cor. congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Broncho-pneumonia

(c) Cerebral concussion - subdural hemorrhage - fractured skull.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. ☒ — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒ Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

John W. Maloney M.D. Dep. Med. Exam. - Cheverly Md - 11-5-57

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 11-7-57 — NAME OF CEMETERY OR CREMATORY: Arlington Cemetery — LOCATION (City, town, or county): Arlington — (State) Va

DATE REC'D BY LOCAL REG: Nov 6 1957 — REGISTRAR'S SIGNATURE: Irene Avery

24. FUNERAL DIRECTOR: F. Bosley Sons — ADDRESS: Hyattsville Md

869

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

11219

Reg. Dist. No. 4-30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Prince Georges — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hollywood — LENGTH OF STAY (In this place):	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hollywood
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 9528 - Balt Boulevard	STREET ADDRESS (If rural, give location): 9528 - Baltimore Boulevard

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Emma	Louise	Dorsey	Nov.	15	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
Female	Colored	Widowed	Aug - 29 - 1900	51 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Domestic	Home	Virginia	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Curtis Slaughter	Julia Thompson.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
		Sophie Thomas - 1250 Monroe St. N.E.	Washington D.C.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute congestive heart failure	
442X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardiovascular renal disease	
1 1a	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
			m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John D. M. Toney	M.D.	1st Md. Gen. Hosp. Cheverly, Md.	11-16-51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	16 Nov 1951	Harris Funeral Home	Washington D.C.

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov 16	Amanda Downey	Samuel W. Harris	
Nov 20 51	L.L.D.	[redacted]	Washington, D.C.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11220

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 28 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Co. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Geo's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyatts
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Wilson (Middle) E. (Last) Wyatt
4. DATE OF DEATH: (Month) Nov. (Day) 1 (Year) 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	W	Sep.	Dec 3-1887	63 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Barber
10b. KIND OF BUSINESS OR INDUSTRY: Barber
11. BIRTHPLACE (State or foreign country): unk.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: unk.
14. MOTHER'S MAIDEN NAME: unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS ✓

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary occlusion	1 hr.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic auricular fibrillation	16 mos.
420.1	(c) Hypertension	5 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug., 1950, to Oct. 31, 1951, that I last saw the deceased alive on Oct. 31, 1951, and that death occurred at 9:45 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Julius Sandman, M.D. 5102 Annapolis Rd., Bladensburg, Md. 11/1/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Removal	11/9/51	University Med. School	Balto City	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/9/51	Amanda Downey	Frances A. Hemsley	578 N. Bridge St.

Prince George County Police unable to

locate any relatives of Mr. Jackson Du Pont.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1231

1. PLACE OF DEATH
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lovely, Md.
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville, Maryland
STREET ADDRESS (If rural, give location) 7243 Forest Road

3. NAME OF DECEASED (Type or Print) (First) Lewis (Middle) (Last) Eisele

4. DATE OF DEATH (Month) Nov (Day) 15, (Year) 1951

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH Sept. 22, 1897

9. AGE last birthday 54 57 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Asst. Supt. Prince Georges Golf Club

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Iowa

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John P. Eisele

14. MOTHER'S MAIDEN NAME Clara Eichhorn Fruhling

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. no

17. INFORMANT AND ADDRESS Elizabeth Eisele Hyattsville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Heart disease	5 years
	(c)	

420.1

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 15, 1946, to Nov 15, 1951, that I last saw the deceased alive on Nov 15, 1951, and that death occurred at 9:50 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

William Brainin MD 6124 Central Ave, Capitol Heights Md 11/15/51

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation

DATE THEREOF Nov 20 1951

NAME OF CEMETERY OR CREMATORY Ft. Lincoln

LOCATION (City, town, or county) Colmar Manor (State) Md

DATE REC'D BY LOCAL REG. Nov 18 1951

REGISTRAR'S SIGNATURE Amanda Donoway

24. FUNERAL DIRECTOR Edwards and Hyatt ADDRESS Hyattsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

NOV
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11222

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 746

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Davidsville — LENGTH OF STAY (In this place) D.O.A. — HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia — COUNTY — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hanmer — STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Lawrence	Alvin	Elswick	Nov.	20	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
Male	White	Single	May 6, 1941	10 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None	None	Grundy Va	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Alvin Elswick	Rose Belcher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No		Macy M. Gowan Sister 6801-Bellport Ave. Suitland Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage & shock

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Severance of renal artery

(c) Gun-shot wound of abdomen

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Home	Takoma Park	Prince Georges	Md

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR?
11-20-51 P. m.		Shot by cousin - a 15 year old boy

22. *I certify that I took charge of the remains described above, held an Autopsy ☒ Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☒, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John D. McInerney M.D. Chief Med. Exam.		Cheverly Hyattsville Md	11-20-51

23. BURIAL, CREMATION OR REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/21/51	Grundy	Va.

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	OR FUNERAL DIRECTOR	ADDRESS
Nov 21, 1951	Jenny Dewey	Blanche Funeral Home	Suitland Md

RECEIVED
NOV 26 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Pr[illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince [illegible]
STREET ADDRESS (If rural give location) [illegible] Place [illegible] A

3. NAME OF DECEASED (Type or Print) (First) Ge[illegible]via (Middle) Ferguson (Last)

4. DATE OF DEATH (Month) 11 (Day) 21 (Year) 19 51

5. SEX Female — 6. COLOR OR RACE Colored — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Divorced — 8. DATE OF BIRTH 11-2-[illegible] — 9. AGE last birthday [illegible] yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Taylor, S.C.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME [illegible]
14. MOTHER'S MAIDEN NAME Annie [illegible] Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT Mrs. Mamie [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Bi-lateral Pneumonid — Interval between onset and death: 14 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) [illegible] — [illegible]

108 (c) [illegible]

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/8, 1951, to 11/21, 1951, that I last saw the deceased alive on 11/21, 1951, and that death occurred at 10:15 P. m., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) M.D. ADDRESS 1028-7th St. N.E. Washington 2, D.C. DATE SIGNED 11-22-51

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF 11-[illegible]-1
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REG. Nov 22-51
REGISTRAR'S SIGNATURE Carrie S. Campbell
24. FUNERAL DIRECTOR John T. Stewart
ADDRESS 30-4th St. N.E.

VS. A15

11224

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince George - MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly; LENGTH OF STAY (in this place) 38 hrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland - COUNTY Prince George; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Rainier; STREET ADDRESS (If rural, give location) 3711-37th St

3. NAME OF DECEASED (Type or Print): (First) Walter (Middle) F. (Last) Forsythe

4. DATE OF DEATH: (Month) Nov (Day) 18 (Year) 1951

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 4-21-82

9. AGE last birthday: 69 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: House Painter

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Osmond F. Forsythe

14. MOTHER'S MAIDEN NAME: Martha Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 217-05-2663

17. INFORMANT AND ADDRESS: Mary E. Forsythe 3711-37th St Mt. Rainier, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Respiratory failure

525 X Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) fulminating infection of the lungs (staphylococcic and streptococcic)

114 - (c) Pulmonary fibrosis + cor pulmonale

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Uremia

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 11-17-51, 1951, to 11-18, 1951, that I last saw the deceased alive on 11-18, 1951, and that death occurred at 4:10 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W. M. Farmer, M.D. [illegible] 11-21-51

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 11/21/1951

NAME OF CEMETERY OR CREMATORY: Fort Lincoln Cemetery

LOCATION (City, town, or county) (State): Colmar Manor, Md.

DATE REC'D BY LOCAL REG. 11/21/51

REGISTRAR'S SIGNATURE: Amanda Downey

24. FUNERAL DIRECTOR: Nalley's Funeral Home

ADDRESS: 3200-R.I. Ave. Mt. Rainier, Md.

NOV. [illegible] 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1125

Reg. Dist. No. 747

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Geo — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Hall, — LENGTH OF STAY (in this place) 3 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mitchellsville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Mary	Ella	Frank	Nov	3	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	Indian	Widowed	July 30, 1881	70 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Nil	—	Tulsa Oklahoma	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John B Mohawk	Unk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
	—	George Frank

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cachexia	1 mos
150X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 46a	(b) Carcinoma of Oesophagus c abd metastases	2 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
2-5 Aug 51	Ca Oesophagus	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Oct 5, 1951, to 3 Nov, 1951, that I last saw the deceased alive on 1 Nov, 19 51 and that death occurred at 7.30 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H B Tassey	M D	White Marlboro Md	3 Nov 51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	11/6/1951	Mt Olivet Cemetery	Washington	D C

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 5-1951	Carrie F. Campbell.	O. M. Chambers Co	517-11th S.E.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bladensburg
LENGTH OF STAY (in this place) 56 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS at home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bladensburg
STREET ADDRESS (If rural, give location) 4323 Balto. Ave.

3. NAME OF DECEASED (Type or Print): (First) Alice (Middle) Estelle (Last) Nasch
4. DATE OF DEATH: (Month) Nov (Day) 17 (Year) 1951

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 24 Jan 1878
9. AGE last birthday: 73 yrs.
If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Bladensburg Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Porter
14. MOTHER'S MAIDEN NAME: Elizabeth Shaw

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: Edward Nasch - home #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Apoplexy	instant
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized Arteriosclerosis	10 yrs
443X 331	(c) Hypertensive Heart Disease	10 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1948, to ....., 1951., that I last saw the deceased alive on Oct 15, 1951., and that death occurred at 7 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Benjamin S. Miller M.D. 3914-34 St Mt. Rainier Nov 19 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 19 Nov 1951
NAME OF CEMETERY OR CREMATORY: Lincoln Cemetery
LOCATION (City, town, or county) (State): Colmar Manor Md.

DATE REC'D BY LOCAL REG. 11/19/51
REGISTRAR'S SIGNATURE: Amanda Downey
24. FUNERAL DIRECTOR: J. Davis Lone
ADDRESS: Hyattsville, Md.

NOV
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 105 234

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Accokeek
LENGTH OF STAY (In this place) 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P G
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Accokeek
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) William (Middle) (Last) Gladden
4. DATE OF DEATH: (Month) 11 (Day) 9 (Year) 51

5. SEX male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widower
8. DATE OF BIRTH
9. AGE last birthday 105 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY farm
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Perry Gladden
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Herbert M Gladden, accokeek Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute congestive heart failure — Interval between onset and death:

442 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection ✓, Inquiry ✓ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓, accident ___, suicide ___, homicide ___, undetermined ___.*

SIGNATURE Omar D. Bond (Degree or title) M.D. ADDRESS Forestville Md DATE SIGNED 11/13/51

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF 11-12-51 NAME OF CEMETERY OR CREMATORY St Mary LOCATION (City, town, or county) Piscataway (State) Md

DATE REC'D BY LOCAL REG. 11-12-51 REGISTRAR'S SIGNATURE X H L Brooke
24. FUNERAL DIRECTOR Smith & Gen Waldorf Md ADDRESS

Alton Davis

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kenilworth; LENGTH OF STAY (In this place) 6 mos; HOSPITAL OR INSTITUTION OR STREET ADDRESS 2748-42nd Place

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE New Jersey; COUNTY Hudson; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jersey City; STREET ADDRESS (If rural, give location) 33 Wayne St.

3. NAME OF DECEASED (Type or Print): (First) ANNA (Middle) (Last) Gold

4. DATE OF DEATH: (Month) NOV (Day) 26 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)

8. DATE OF BIRTH: 1876

9. AGE last birthday: 75 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Russia

12. CITIZEN OF WHAT COUNTRY? America

13. FATHER'S NAME: JACOB Machkowsky

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Son - Mr. Jacob Gold.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: 20 minutes

420.1 Antecedent cause(s)

932 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardio-Vascular disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 26 Nov., 1951, to 26 Nov., 1951, that I last saw the deceased alive on 26 Nov., 1951, and that death occurred at 11 P m., from the causes and on the date stated above.

SIGNATURE: Thomas M. Kutchins (Degree or title) M.D. ADDRESS: 7315 Landover Rd. Hyattsville, Md. DATE SIGNED: 26 Nov 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Transportation | DATE: 11/27/51 | NAME OF CEMETERY OR CREMATORY: Jersey City | LOCATION (City, town, or county): New Jersey (State)

DATE REC'D BY LOCAL REG. 11/27/51 | REGISTRAR'S SIGNATURE: Amanda Bowney | 24. FUNERAL DIRECTOR: J. Grasche & Son | ADDRESS: Hyattsville Md

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1229

Reg. Dist. No. 242

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Prince George's; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Landover
LENGTH OF STAY (In this place) 2 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9210 Central Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Landover
STREET ADDRESS (If rural, give location) 9210 Central Ave

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) O (Last) Harrover

4. DATE OF DEATH: (Month) 11 (Day) 22 (Year) 19 51

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Nov. 1, 1863

9. AGE last birthday: 88 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Salem, Mass.

12. CITIZEN OF WHAT COUNTRY: U. S. A.

13. FATHER'S NAME: Moses Webber

14. MOTHER'S MAIDEN NAME: Eliza Tye

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unk (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Louise Moreland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

INTERVAL BETWEEN ONSET AND DEATH

442X
1310

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 5, 19 50, to Nov 22 19 51, that I last saw the deceased alive on Nov. 20 19 51, and that death occurred at 11:30A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

James D. Boyd M. D. Forestville, Md. 11/22/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: 11/26/51

NAME OF CEMETERY OR CREMATORY: Cedar Hill

LOCATION (City, town, or county) (State): Suitland Md.

DATE REC'D BY LOCAL REG. Nov 26 1951

REGISTRAR'S SIGNATURE: Edna F. Collins

24. FUNERAL DIRECTOR: Robert A. Mattingly

ADDRESS: 131 11th St. SE

VS. A15

BUREAU U. S.

Item 4: Film G 60 2-7-52 L

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince George's — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lovely, Md. — LENGTH OF STAY (in this place) 30 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mount Rainier, Maryland
STREET ADDRESS (If rural, give location) 6194 Buchanan St. Hyattsville Dist.

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) ANNUNCIATTA (Last) Heinrich
4. DATE OF DEATH: (Month) November (Day) 24, (Year) 1951
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: March 7, 1900
9. AGE last birthday: 51 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: AT HOME
11. BIRTHPLACE (State or foreign country): ELKINS PARK, PA.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME: EUGENE E. CARLIN
14. MOTHER'S MAIDEN NAME: KATHRYN BANEY
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): NONE
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT AND ADDRESS: K. WARREN HEINRICH - 6920 Stanhope Rd. Landover Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bilateral Hydrothorax & collapse of left lung

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Metastatic reticulum cell sarcoma to liver

(c) Reticulum cell sarcoma arising in retroperitoneal lymph nodes.

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb., 1949, to Nov. 24, 1951, that I last saw the deceased alive on Nov. 24, 1951, and that death occurred at 3:00 p m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Julius Kaufman, M.D. — ADDRESS 5102 Annapolis Rd. Bladensburg, Md. — DATE SIGNED 11/24/51

23. BURIAL, CREMATION, REMOVAL (Specify) CREMATION — DATE THEREOF Nov. 26/1951 — NAME OF ~~CEMETERY OR~~ CREMATORY CEDAR HILL CREMATORY — LOCATION (City, town, or county) SUITLAND, PR. GEO. CO. — (State) MD.

DATE REC'D BY LOCAL REG. 11-24-51 — REGISTRAR'S SIGNATURE Amanda Downey — 24. FUNERAL DIRECTOR W. W. CHAMBERS CO. — ADDRESS RIVERDALE, MD.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11931
32

Reg. Dist. No. 231

1. PLACE OF DEATH
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Prince [illegible] County
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville Rd
STREET ADDRESS (If rural, give location) 42[illegible]8 Longfellow Street

3. NAME OF DECEASED (Type or Print): (First) Francis (Middle) Franklin (Last) Hoopes

4. DATE OF DEATH: (Month) Nov (Day) 23, (Year) 1951

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) W[illegible]d

8. DATE OF BIRTH: 4/19/1[illegible]

9. AGE last birthday: 83 yrs.

If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician [illegible] Lite Co

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Hoopes

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Hospital records Cheverly Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Myocardial Insufficiency

431x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

932 (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-10, 1940, to 11-23, 1951, that I last saw the deceased alive on 11-23, 1951, and that death occurred at 4.45 A m., from the causes and on the date stated above.

SIGNATURE: C Dent M.D. (Degree or title) ADDRESS: Hyattsville Md DATE SIGNED: 11-24-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 11/28/51 — NAME OF CEMETERY OR CREMATORY: Arlington Cemetery — LOCATION (City, town, or county) (State): Ardmore Pennsylvania

DATE REC'D BY LOCAL REG. 11/24/51 — REGISTRAR'S SIGNATURE: Amanda Downey

24. FUNERAL DIRECTOR: Pearson's Sons — ADDRESS: Hyattsville Maryland

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

NOV 28
BUREAU U. S.

Item 9 FilmG139 2/8/52 mhw

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 105

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brandywine Md
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Prince Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Brandywine Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Norval (Middle) (Last) Hyde

4. DATE OF DEATH: (Month) Nov (Day) 8 (Year) 1951

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH June 10-1880

9. AGE last birthday ~~Yrs~~ 71 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Custodian

10b. KIND OF BUSINESS OR INDUSTRY Pvt

11. BIRTHPLACE (State or foreign country) Rural Brandywine Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME George Hyde

14. MOTHER'S MAIDEN NAME Elizabeth Conner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) No

16. SOCIAL SECURITY NO. No

17. INFORMANT AND ADDRESS Marguerite Hyde Daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pneumonia — Interval between onset and death: 2 days

Antecedent cause(s) 151X
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Malnutrition
(c) Cancer of Stomach

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1951, to Nov 8, 1951, that I last saw the deceased alive on Nov 8, 1951, and that death occurred at 1:20 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Leon Roy Lucas, asst. Upper Marlboro, Md. 11/8/51

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify) | DATE 11-10-51 | NAME OF CEMETERY OR CREMATORY St Paul | LOCATION (City, town, or county) (State) Rural Brandywine Md

DATE REC'D BY LOCAL REG. 11-9-51 | REGISTRAR'S SIGNATURE W. L. Mazzeo | 24. FUNERAL DIRECTOR ADDRESS Hewitt & Tyson Waldorf Md

N. Collington

RECEIVED
NOV 13 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 263

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bowie
LENGTH OF STAY in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1½ miles from Bowie Racetrack

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Clark
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boyce, Va
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Phillip (Middle) (Last) Johnson

4. DATE OF DEATH: (Month) 11 (Day) 24 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: ? - 1912

9. AGE last birthday: 39? yrs. If under 1 year: Months / Days. If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Groom

10b. KIND OF BUSINESS OR INDUSTRY: Race horses

11. BIRTHPLACE (State or foreign country): Va

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Clarence Johnson

14. MOTHER'S MAIDEN NAME: Catherine Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY No.

17. INFORMANT (AND ADDRESS): Clarence Johnson - Warrenton Va

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute congestive heart failure

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Toxic myocardosis

(c) Lobar Pneumonia

108

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS (PRIMARY OR CONTRIBUTING) CAUSE OF DEATH | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. I certify that I took charge of the deceased [illegible] Autopsy ✗ Inspection ✗ Inquiry ✗ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that [illegible] the day stated above, and death in my opinion resulted from: natural causes ✗ accident , suicide , from [illegible] undetermined

SIGNATURE: John D. Maloney Jr. Dep. Md. Exam. — Degree or title — ADDRESS: Cheverly Hyattsville, Md. — DATE SIGNED: 11-24-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 11/27/51 | NAME OF CEMETERY: Little Chapel Cemetery | LOCATION (City, town or county) (State): Barnesville Md

DATE REC'D BY LOCAL REGISTRAR: 11/25/51 | REGISTRAR'S SIGNATURE: Amanda Downey | 11/27/51 Agnes M. Ginglen

24. FUNERAL DIRECTOR: E. Gaschen & Son | ADDRESS: Hyattsville Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

14231

Reg. Dist. No. 245

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale — LENGTH OF STAY (in this place) D.O.S.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Hosp-

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 5428-Sargeant Road.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Cland	Stewart	Jones	Nov.	7	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
Male	White	Married	6-24-07	44 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Automobile Salesman
10b. KIND OF BUSINESS OR INDUSTRY: Auto -
11. BIRTHPLACE (State or foreign country): S. Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Cland Stewart Jones, Sr.
14. MOTHER'S MAIDEN NAME: Mattie Elizabeth Walker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Clyde Brashear - 5820 14th St. N.W. D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Asphyxia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carbon monoxide poisoning

(c) Inhalation of smoke from fire in home

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home | (CITY OR TOWN) Hyattsville (COUNTY) Pr. George (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): 11-7-51 A m. | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR? Inhalation of smoke -

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John D. Maloney	M.E. Dep. Med. Exam.	Cheverly - Hyattsville, Md.	11-7-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 11/7/1951 | NAME OF CEMETERY OR CREMATORY: Hillcrest Memorial Park | LOCATION (City, town, or county) (State): 1300 N. Capitol St. Washington D.C.

DATE REC'D BY LOCAL REG.: Nov 7, 1951 | REGISTRAR'S SIGNATURE: James Leary

24. FUNERAL DIRECTOR: Martin W. Hussey Co | ADDRESS: 1300 N. Capitol St. Washington D.C.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11235

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cottage City
LENGTH OF STAY (in this place) 18 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4303 Bunker Hill Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cottage City
STREET ADDRESS (If rural, give location) 4303 Bunker Hill Road

3. NAME OF DECEASED (Type or Print) (First) JAMES (Middle) WILBUR (Last) LAVZIERE
4. DATE OF DEATH (Month) (Day) (Year) November 11th, 19 51

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH July 13/1894
9. AGE last birthday 57 yrs.
If under 1 year Months / Days
If under 24 hrs. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Custodian
10b. KIND OF BUSINESS OR INDUSTRY School Dept.
11. BIRTHPLACE (State or foreign country) Mass.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME William Lavziere
14. MOTHER'S MAIDEN NAME Mary Gauthier

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none
16. SOCIAL SECURITY NO. 214-05-2645
17. INFORMANT AND ADDRESS Isabel Lavziere, 4303 Bunker Hill Rd. Cottage City, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral thrombosis. — Interval between onset and death: immed.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Coronary Heart Disease — 5 yrs
(c)

420.1 Hrt

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-11, 19..., to 11-11, 1951, that I last saw the deceased alive on 11-7, 1951, and that death occurred at 11:10 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Nov. 14/1951
NAME OF CEMETERY OR CREMATORY Fort Lincoln Cemetery
LOCATION (City, town, or county) (State) Colmar Manor, Pr. Geo. Md.

DATE REC'D BY LOCAL REG. 11-12-51
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR W.W. Chambers Company, Riverdale, Md.
ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physici[illegible]: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

Obtained by owner Dr J McCourt:

NOV 16 1951

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2-15

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Rainier
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4101 - Eastern Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Rainier
STREET ADDRESS (If rural, give location) 4101 - Eastern Ave.

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) H. (Last) Leake

4. DATE OF DEATH: (Month) 11 (Day) 26 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 3/21/1872

9. AGE last birthday: 79 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter- Retired

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Prophet, Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William J. Leake

14. MOTHER'S MAIDEN NAME: Mary E. Wood

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 231-03-3037

17. INFORMANT AND ADDRESS: Emery B. Smith 4101 - Eastern Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hypertensive - arteriosclerotic Heart Disease — Interval Between Onset and Death: 12 Months

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 10, 1950, to Nov 26, 1951, that I last saw the deceased alive on Nov 26, 1951, and that death occurred at 7:00 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Samuel J. Nugan MD 4300 Kaywood Dr. Mt. Rainier Md 11/26/51

23. BURIAL, CREMATION, REMOVAL (Specify): Removed | DATE THEREOF: 11-28-1951 | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State): Charlottesville Va.

DATE REC'D BY LOCAL REG. Nov 27 1951 | REGISTRAR'S SIGNATURE James Levy | 24. FUNERAL DIRECTOR ADDRESS: Nalley's Funeral Home 3200-R.I. Ave. Mt. Rainer, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physician: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (rural)
LENGTH OF STAY (in this place) 6 yrs., 5 mos. and 30 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE D. C. COUNTY —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 3420 11th St., N. W.

3. NAME OF DECEASED (Type or Print): (First) KWOCK (Middle) WAH (Last) LEE
4. DATE OF DEATH (Month) Nov. (Day) 13th (Year) 1951
5. SEX: MALE
6. COLOR OR RACE: CHINESE.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 5/19/1917.
9. AGE last birthday: 34 yrs. If under 1 year: Months —, Days —. If under 24 hrs.: Hours —, Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laundry worker
10b. KIND OF BUSINESS OR INDUSTRY: Unknown
11. BIRTHPLACE (State or foreign country): Kwng Tong, China
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Tang
14. MOTHER'S MAIDEN NAME: Yee's
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) PULMONARY TUBERCULOSIS. — Interval between onset and death: 11 yrs 2 mos.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
13 Yr
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 14th 1945, to Nov. 13th, 1951, that I last saw the deceased alive on Nov. 13th, 1951, and that death occurred at 9:35 A.M., from the causes and on the date stated above.

SIGNATURE Daniel Lee Finucane (Degree or title) M. D. ADDRESS Glenn Dale Sanatorium, Glenn Dale, Maryland DATE SIGNED 11/13/51

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF 11/18/51 | NAME OF CEMETERY OR CREMATORY George Washington Memorial | LOCATION (City, town, or county) (State) Prince George Co. Mt. Olivet Md.

DATE REC'D BY LOCAL REG. 11/13/51 | REGISTRAR'S SIGNATURE Mol Wenn | 24. FUNERAL DIRECTOR J. Wm. Lee's Son Co. | ADDRESS 300-44 St. N.E.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 25

1123

239

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince George's — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel — LENGTH OF STAY (in this place) 10d
HOSPITAL OR INSTITUTION OR STREET ADDRESS 310 2nd St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Pr. Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
STREET ADDRESS (If rural, give location) 310 2nd St.

3. NAME OF DECEASED (Type or Print): (First) August (Middle) Carl (Last) Lipsius
4. DATE OF DEATH: (Month) Nov (Day) 24 (Year) 1951
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 11/23/51
9. AGE last birthday: yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Laurel Md.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME: Albert J. Lipsius
14. MOTHER'S MAIDEN NAME: Margaret E. Suttle
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Mrs Margaret E Lipsius

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congested inadequacy — Interval Between Onset and Death: 1 hr

772.5 Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pneumonia both lungs — 6 mo

159 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION: — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/20/51, 19..., to 11/24, 19..., that I last saw the deceased alive on 11/24, 19 51, and that death occurred at 12:30 A m., from the causes and on the date stated above.

SIGNATURE: Robert S McGregor (Degree or title) M.D. ADDRESS 402 Main St Laurel Md DATE SIGNED 11/26/51

25. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Nov 26-51 — NAME OF CEMETERY OR CREMATORY: St. Mary's Cemetery — LOCATION (City, town, or county): Laurel (State): Md

DATE REC'D BY LOCAL REG. Nov 25 1951 — REGISTRAR'S SIGNATURE: M. Beasheard — 24. FUNERAL DIRECTOR: Fatties — ADDRESS

25

3

Item 21 Film G137 11-27-51 ams

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forestville, Md. — LENGTH OF STAY (in this place) 5 Mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Ge. Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berwyn - College Park
STREET ADDRESS (If rural, give location) 8405 - 48 - Ave.

3. NAME OF DECEASED (Type or Print): (First) Helen (Middle) B. (Last) Loar
4. DATE OF DEATH: (Month) Nov. (Day) 7 (Year) 1951

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: July 13, 1870
9. AGE last birthday: 81 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Wash. D. C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Mrs. Helen J. [illegible] 84th [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Myocardial Insufficiency

1.6 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fractured Left Hip

186a (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Store
(CITY OR TOWN) (COUNTY) (STATE): Washington, D.C.
TIME OF INJURY (Month) (Day) (Year) (Hour) m.: 11-7-51
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? Fell. (11-27-51 ams)

22. I hereby certify that I attended the deceased from July 10, 1950, to Nov 7, 1951, that I last saw the deceased alive on 11-6, 1951 and that death occurred at ... m., from the causes and on the date stated above.
SIGNATURE (Degree or title): [illegible] Dept (Ret.) — ADDRESS: Hyattsville, Md. — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Buried — DATE THEREOF: 11/10/51 — NAME OF CEMETERY OR CREMATORY: Congressional — LOCATION (City, town, or county): Washington — (State): DC

DATE REC'D BY LOCAL REG. 11/9/51 — REGISTRAR'S SIGNATURE: Amanda Downey — 24. FUNERAL DIRECTOR: F. Roscia — ADDRESS: Hyattsville, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The [illegible] of age is especially important. Physicians: please write the causes of death clearly and legibly.

MARG[illegible] RESERVED FO[illegible] BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lanham, Md. — LENGTH OF STAY (in this place) 23 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College City Maryland
STREET ADDRESS (If rural, give location) 3718 - 40th Place

3. NAME OF DECEASED (Type or Print): (First) Katherine (Middle) Virginia (Last) Lowder
4. DATE OF DEATH: (Month) Nov. (Day) 16, (Year) 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W	S	1/23/1898	53 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Practical Nurse
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Thomas Jenkins
14. MOTHER'S MAIDEN NAME: Linda King

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: J. Lorda Lowder College City Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Rheumatic Heart Disease

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Congestive Heart Failure

(c) Uremia - Toxic Psychosis

4/16 X

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August 3, 1951, to Nov. 16, 1951, that I last saw the deceased alive on Nov. 16, 1951, and that death occurred at 7:15 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[signature] 3717-38th Place 11-16-51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/21/51	Ft. Lincoln Cemetery	Colmar Manor Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov 21 1951	Amanda Downey	E. Pascal & Sons	Hyattsville Md

RECEIVED
NOV 23 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Riverdale,
LENGTH OF STAY (in this place): 9 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 5509 Taylor Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Pr.Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Riverdale,
STREET ADDRESS (If rural, give location): 5509 Taylor Road

3. NAME OF DECEASED (Type or Print): (First) HENRY (Middle) BAXTLR (Last) LUCK, SR.

4. DATE OF DEATH: (Month) (Day) (Year) November 28th, 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: May 4th1869

9. AGE last birthday: 82 yrs. — If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Contractor

10b. KIND OF BUSINESS OR INDUSTRY: Building

11. BIRTHPLACE (State or foreign country): Richmond, Va.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Thomas Luck

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Henry B.Luck, Jr. 5509 Taylor Rd. Riverdale, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Jan 1949 — INTERVAL BETWEEN ONSET AND DEATH: 2 y 11 mo

334X Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) T.B. Pneumonia many yrs

(c) Progressive Weakness

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... , 19..., to Nov 28, 1951, that I last saw the deceased alive on Nov 27, 1951, and that death occurred at 10.50 a m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Thos E Palmer M.D. 4118 Jefferson St. Hyatts. Md. 11/28/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec. 1, 1951	Fort Lincoln Cemetery	Colmar Manor, Pr.Geo.Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov 29, 1951	James Seay	W.W.Chambers Company	Riverdale, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2 7 2

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15

1. PLACE OF DEATH:
County: Prince Georges Co
City or town: Forestville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3 Years
Hospital, Institution, or street address where death occurred:
5377 - Pumphrey Drive
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Pr. Geos Co
City or town: Forestville Md.
(If outside city or town limits, write RURAL and give nearest town)
Street No.: 5377 Pumphrey Drive
(If rural, give LOCATION)
2.(a) If veteran, name war: NONE

3. (a) FULL NAME: William Everette Mahoney
3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Minnie Mahoney
6.(c) If alive, give age: 68 years

7. Birth date of deceased (mo., day, yr.): Dec 9 1884

8. AGE:

Years	Months	Days	If less than one day
66			hrs. min.

9. Birthplace: Virginia
(Town, county, and state)
10. Usual occupation: Bread Salesman
11. Industry or business: Truck Route

FATHER
12. Name: Bonaparte Mahoney
13. Birthplace: Virginia

MOTHER
14. Maiden name: Minnie Thompson
15. Birthplace: Virginia

16. Informant: Mrs. Minnie Mahoney
Address: 5377 Pumphrey Drive Wash 19 D C.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 11-3-51 (month) (day) (year)
Cemetery or crematory: Epiphany Church
Location: Forestville Md.
18. Funeral director: W. W. Chambers Co
Address: 517 11th St S.E.

19. Nov 3 1951 (Date rec'd by registrar) Carrie F. Campbell Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 1 1951 at 4:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 2 1951 to Nov 1 1951 and that I last saw h.i.m. alive on Oct 31 1951

Immediate cause of death: Generalized Carcinomatosis — DURATION: 9 Mths

Due to: Carcinoma of cervical gland — 9 Mths

Due to: 195X

Other conditions: 55+
(Include pregnancy within 3 months of death)

Major findings of operations: Biopsy (sic) cervical gland — Date of op: 2/2/51

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: W. Suit Ritchie MD
M. D. or other
Address: 7005 Ritchie Rd SE Wash 19 D.C.
Date signed: Nov 1 1951

NOV 6 1951
BUREAU U. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 745

1. PLACE OF DEATH: COUNTY P. George - Hyattsville; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HYATTSVILLE; HOSPITAL OR INSTITUTION OR STREET ADDRESS 3900 HAMILTON-J301; MARYLAND; LENGTH OF STAY (in this place) 2 WEEKS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE —; COUNTY —; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WASHINGTON, D.C.; STREET ADDRESS (If rural, give location) 2025 FENDALL St. S.E.

3. NAME OF DECEASED (Type or Print): (First) ARMELLA (Middle) MAE (Last) MAHONEY

4. DATE OF DEATH: (Month) 11 (Day) 22 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: FEB. 21, 1897

9. AGE last birthday: 54 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): BALTO., MD.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: GEORGE WILLIAM ZIEGLER

14. MOTHER'S MAIDEN NAME: CLARA PITTS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: KEVIN T. MAHONEY

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinomatosis (Metastatic)

170X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of Breast (Bilateral)

5 (c)

INTERVAL BETWEEN ONSET AND DEATH: 1947

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Rt Breast 3-22-47; Lt Breast Oct 30-48

19b. MAJOR FINDINGS OF OPERATION: Carcinoma (Both instances)

20. AUTOPSY? Yes ☐ No ☐

20. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1947, to Nov 22, 1951, that I last saw the deceased alive on 11-21, 1951, and that death occurred at 9:25 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Francis H. Lemmon MD

ADDRESS

DATE SIGNED: 11-22-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 11-26-51

NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cemetery

LOCATION (City, town, or county) (State): Wash., D.C.

DATE REC'D BY LOCAL REG.: Nov 22, 1951

REGISTRAR'S SIGNATURE: James Leary

24. FUNERAL DIRECTOR: James T. Ryan, Inc.

ADDRESS: 5178 Ga. Ave., N.W.

NOV 26
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY P.G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bladensburg
STREET ADDRESS (If rural, give location) 4003 - 53rd Street

3. NAME OF DECEASED (Type or Print): (First) Emma (Middle) M. (Last) Marsh
4. DATE OF DEATH: (Month) Nov. (Day) 10 (Year) 1951

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 12/10/1861
9. AGE last birthday: 89 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Piano Tuner
10b. KIND OF BUSINESS OR INDUSTRY: Self.
11. BIRTHPLACE (State or foreign country): Penn.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Wm. Wolfe Morris
14. MOTHER'S MAIDEN NAME: Sarah Smith Nicholls

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Genevieve M. Leonard - Same as # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Congestive Heart Failure

442X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) [illegible]

131a (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov., 1951, to Nov., 1951, that I last saw the deceased alive on Nov., 1951, and that death occurred at 4:15 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[illegible]

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation | DATE THEREOF: Nov 19, 1951 | NAME OF CEMETERY OR CREMATORY: Aden Hill Crematory | LOCATION (City, town, or county) (State): Suitland, Md.

DATE REC'D BY LOCAL REG. 11/19/51 | REGISTRAR'S SIGNATURE: Amanda Downey | 24. FUNERAL DIRECTOR: S. Darch Son | ADDRESS: Hyattsville, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

NO
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

1245

Reg. Dist. No. 231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Prince Georges — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly — LENGTH OF STAY (In this place) 45 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bladensburg
STREET ADDRESS (If rural, give location) Annapolis Road

3. NAME OF DECEASED (Type or Print): (First) Bishop (Middle) C. (Last) Maxwell

4. DATE OF DEATH: (Month) Nov. (Day) 21 (Year) 1951

5. SEX: Male — 6. COLOR OR RACE: Colored — 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widower — 8. DATE OF BIRTH: 28 Nov 1915 — 9. AGE last birthday: 36 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer — 10b. KIND OF BUSINESS OR INDUSTRY: Self — 11. BIRTHPLACE (State or foreign country): Va. — 12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Priest Maxwell — 14. MOTHER'S MAIDEN NAME: Mary J. Madison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WWII — 16. SOCIAL SECURITY NO.: ? — 17. INFORMANT AND ADDRESS: Prince Maxwell Jr. 923 - 6th St NW Washington, D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Exposure to cold	
442X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypocardial failure & acute congestion	
	(c) Cardiovascular renal disease	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy X, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident _, suicide _, homicide _, undetermined _.*

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

John D. Malony M.D. Medical Examiner Cheverly Hyattsville Md. 11-21-51

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE THEREOF: 21 Nov 1951 — NAME OF CEMETERY OR CREMATORY: Jarvis Funeral Home — LOCATION (City, town, or county) (State): Washington D.C.

DATE REC'D BY LOCAL REG. 11/22/51 — REGISTRAR'S SIGNATURE: Amanda Dowling — 24. FUNERAL DIRECTOR — ADDRESS: Jarvis Funeral Home, Wash. D.C.

NO

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (Rural) — LENGTH OF STAY (in this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 215 R. St., N.W.

3. NAME OF DECEASED (Type or Print): (First) EDNA (Middle) T. (Last) MEREDITH

4. DATE OF DEATH: (Month) 11 (Day) 29 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married (sep.)

8. DATE OF BIRTH: 8/4/22

9. AGE last birthday: 29 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Franklin Co., N. Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Eddie Taylor

14. MOTHER'S MAIDEN NAME: Hattie Burgess

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 579-34-4673

17. INFORMANT AND ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Adrenal Insufficiency — Interval between onset and death: 10 days

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Sarcoidosis — 1 year

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION: — 20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/19, 1951, to 11/29, 1951, that I last saw the deceased alive on 11/29, 1951, and that death occurred at 5:10 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): [signature] M.D. — ADDRESS: Glenn Dale Sanatorium, Glenn Dale, Md. — DATE SIGNED: 11/29/51

23. BURIAL, CREMATION [illegible] (Specify) — DATE THEREOF: 12, 3, 51 — NAME OF CEMETERY OR CREMATORY: Nashville — LOCATION (City, town, or county) (State): North Carolina

DATE REC'D BY LOCAL REG.: 11/30/51 — REGISTRAR'S SIGNATURE: [signature] — 24. FUNERAL DIRECTOR: John T. Rhines Co. — ADDRESS: 1st & Eye Sts. S.W. Washington D.C.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY: Prince Georges — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cheverly — LENGTH OF STAY (In this place): 5 Mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Prince Georges Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chapel Hill
STREET ADDRESS (If rural, give location): 9160 Alt Fort Road

3. NAME OF DECEASED (Type or Print): (First) Hosie (Middle) (Last) Mitchell

4. DATE OF DEATH: (Month) Nov (Day) 18 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct 27, 1874

9. AGE last birthday: 77 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Wife of farm worker

10b. KIND OF BUSINESS OR INDUSTRY: farmer

11. BIRTHPLACE (State or foreign country): Mississippi

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Hosie Mitchell

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Pat, Mary Cook - Daughter - Same -

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a): Acute congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b): Cardiac decompensation

(c):

I34.3
932

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: John D. Maloney m.d. (Degree or title) — ADDRESS: Dep. Med. Exam. Cheverly Hyattsville Md — DATE SIGNED: 11-15-51

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF: 19 Nov 1951 | NAME OF CEMETERY OR CREMATORY: Walter E. Hunter Funeral Home | LOCATION (City, town, or county) (State): Washington D.C.

DATE RECD BY LOCAL REG. 11/19/51 | REGISTRAR'S SIGNATURE: Amanda Downey | 24. FUNERAL DIRECTOR'S ADDRESS: Walter Hunter Funeral Home S.E. Washington D.C.

4739134

BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

1148

Reg. Dist. No. 24-5

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale — LENGTH OF STAY (In this place) Dead
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park
STREET ADDRESS (If rural, give location) 5015 - Fox Thrust

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Newton (Last) Mitchell
4. DATE OF DEATH: (Month) Nov. (Day) 14 (Year) 1951
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 5-29-80
9. AGE last birthday: 71 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Postal Clerk
10b. KIND OF BUSINESS OR INDUSTRY: P.O. Dept
11. BIRTHPLACE (State or foreign country): Buffalo, New York
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Walter Mitchell
14. MOTHER'S MAIDEN NAME: Mae Clark
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Wife - Violet S. Mitchell - Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage & shock

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Gunshot wound of head

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home (CITY OR TOWN) College Park (COUNTY) Pr. Geo. (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): 11-14-51 p m. — INJURY OCCURRED While at work ☐ Not while at work ☒ — HOW DID INJURY OCCUR? Self inflicted wound of head.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒ homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

John D. Maloney, M.D. Dep. Med. Exam. — Cheverly - Hyattsville, Md. — 11-14-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 17 Nov 1961 — NAME OF CEMETERY OR CREMATORY: Lincoln Cemetery — LOCATION (City, town, or county) (State): Edmonston Md.

DATE REC'D BY LOCAL REG.: Nov. 16, 1951 — REGISTRAR'S SIGNATURE: James Seney

24. FUNERAL DIRECTOR — ADDRESS: B. Davis & Sons Hyattsville, Md.

T-266

VS. A15A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colmar Manor
STREET ADDRESS (If rural, give location) 4615 Bunker Hill Rd

3. NAME OF DECEASED (Type or Print): (First) OSCAR (Middle) (Last) MOTE

4. DATE OF DEATH: (Month) Nov (Day) 19 (Year) 1951

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widower

8. DATE OF BIRTH: 9/19/76

9. AGE last birthday: 75 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic - aeroplane

10b. KIND OF BUSINESS OR INDUSTRY: Retired - airplane factory

11. BIRTHPLACE (State or foreign country): Delaware

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): (If yes, give war or dates of service) WW

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Frances Marianne Cobley College Park Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Insufficiency — Interval between onset and death: 4 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/15, 1951, to 11/19, 1951, that I last saw the deceased alive on 11/18, 1951, and that death occurred at 3:00 A.m., from the causes and on the date stated above.

SIGNATURE: Wm P Holbrook (Degree or title) M.D. ADDRESS College Park, Md. DATE SIGNED 11/20/51

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation

DATE THEREOF: 11/21/51

NAME OF CEMETERY OR CREMATORY: Ft Lincoln Cemetery

LOCATION (City, town, or county) (State): Colmar Manor Md

DATE REC'D BY LOCAL REG.: Nov 21 51

REGISTRAR'S SIGNATURE: Amanda L Downey

24. FUNERAL DIRECTOR: Lasky Inc ADDRESS Hyattsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 23 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11250

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beverly
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington D.C. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) 1615 Webster St. N.W.

3. NAME OF DECEASED (Type or Print): (First) Henry (Middle) (Last) Muir

4. DATE OF DEATH: (Month) Nov. (Day) 23 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: May 2 1902

9. AGE last birthday: 49 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Attorney

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Washington D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward A. Muir

14. MOTHER'S MAIDEN NAME: Dora Knight

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Maybelle W. Muir - Wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Brain tumor, glioma, malignant — Interval between onset and death: 13 years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Respiratory failure — 6 hours

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 5-50

19b. MAJOR FINDINGS OF OPERATION: Brain tumor, glioma, R hemisphere

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3- 1950, to 11-23 1951, that I last saw the deceased alive on 11-23 1951, and that death occurred at 8:15 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) 1904 - R.N. ADDRESS DATE SIGNED 11-23-51

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation — DATE THEREOF: Nov. 26 1951 — NAME OF CEMETERY OR CREMATORY: Joes Crematory — LOCATION (City, town, or county) (State): Washington D.C.

DATE REC'D BY LOCAL REG. 11-24-51 — REGISTRAR'S SIGNATURE: Cassandra Mooney

24. FUNERAL DIRECTOR: J.M. Reesons Co — ADDRESS: 300 4th St N.E.

RECEIVED
NOV 26 1951
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

11251

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George's; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly; MARYLAND; LENGTH OF STAY (in this place) 9 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Prince Georges; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Landover; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
HARRISON		Newman	Nov	23	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Colored	Married	10-3-1888	63 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None Hand (F	Tenant	Maryland	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Marcellus Newman	Cecilia Ann Butler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		[illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Respiratory + circulatory failure	7 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive encephalopathy; uremia	
4438	(c) Hypertensive cardiovascular disease	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
—	—	—		

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
—			m.		—

22. I hereby certify that I attended the deceased from 22 Nov., 1951, to 23 Nov., 1951, that I last saw the deceased alive on 23 Nov., 1951, and that death occurred at ... /52 A.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Robert B Garner	M.D.	Upper Marlboro Md	Nov 23-51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	11/26/51	Rosarville Catholic	Rosarville	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/27/51	Amanda Downey	[illegible]	Upper Marlboro, Md.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct spelling is especially important. Physicians: please write the uses of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Prince Georges — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cottage City — LENGTH OF STAY (in this place) 10 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4120 Cottage City Terrace

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cottage City
STREET ADDRESS (If rural, give location) 4120 Cottage Terrace

3. NAME OF DECEASED (Type or Print): (First) Eugenia (Middle) Virginia (Last) O'Brien
4. DATE OF DEATH: (Month) Nov. (Day) 4 (Year) 1951

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 11-19-1905
9. AGE last birthday: 42 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Washington D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Gilmore Duley
14. MOTHER'S MAIDEN NAME: Maybelle Watkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: James F. O'Brien, Jr. Son 1645 Jam— Washington D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Esophageal Hemorrhage

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Rupture of esophageal varix

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED

John D. Maloney M.D. Dep Med Exam — Cheverly Md — Nov. 4, 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 11/7/51 — NAME OF CEMETERY OR CREMATORY: Fort Lincoln — LOCATION (City, town, or county) (State): Colmar Manor, Md.

DATE REC'D BY LOCAL REG. 11-4-51 — REGISTRAR'S SIGNATURE: Amanda Mooney

24. FUNERAL DIRECTOR — ADDRESS: J. Stallsmith Funeral Home Washington, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11253

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly; LENGTH OF STAY (in this place) 24 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brentwood
STREET ADDRESS (If rural, give location) 4100 - Utah Ave

3. NAME OF DECEASED (Type or Print): (First) Baby; (Middle) Boy; (Last) O'Neill
4. DATE OF DEATH: (Month) Nov; (Day) 20; (Year) 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
male	white	single	18 Nov 51	1 day yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Emma Kay O'Neill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Insufficiency

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 11/18, 1951, to 11/20, 1951, that I last saw the deceased alive on 11/19, 1951, and that death occurred at 3:37 a.m., from the causes and on the date stated above.

SIGNATURE: Thyomen S. Miller (Degree or title) MD. ADDRESS Mt Rainer DATE SIGNED 11-23-51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Cremation	Dec. 3, 1951	Prince Georges Gen. Hospital	Cheverly, Maryland.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
12/11/51	Amanda Downey	David A. McNamee, Cheverly, Md.

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RECEIVED
DEC 13 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11954

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Prince Geor es
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 4100 Jefferson St.

3. NAME OF DECEASED (Type or Print): (First) Nicholas (Middle) (Last) Orem

4. DATE OF DEATH: (Month) Nov. (Day) 21 (Year) 19 51

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan. 16, 1877

9. AGE last birthday: 74 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Supt. of Schools-Retired

10b. KIND OF BUSINESS OR INDUSTRY: Pr. Geo.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Frank Orem

14. MOTHER'S MAIDEN NAME: Kate Radcliff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Spanish-Am.

16. SOCIAL SECURITY NO.

17. INFORMANT: Edith H. Orem, Hyattsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Lymphosarcoma, Lymphoblastic Type — 6 mo +

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) With infiltration of Spleen, Liver and Retro-
(c) Peritoneal Lymph Glands.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 9-20-51

19b. MAJOR FINDINGS OF OPERATION: Adhesions with partial obstruction of ileum

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED Whila at Work ☐ Not Whila At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-16, 1951, to 11-21, 1951, that I last saw the deceased alive on 11-21, 1951, and that death occurred at 10:50 A.m., from the causes and on the date stated above.

SIGNATURE: W B Moore — (Degree or title) M.D. — ADDRESS: Mt. Rainier Md. — DATE SIGNED: 11-21-51

23. BURIAL, CREMATION / REMOVAL (Specify): Cremation — DATE THEREOF: 11/24/51 — NAME OF CEMETERY OR CREMATORY: Ft. Lincoln — LOCATION (City, town, or county) (State): Colmar Manor, Maryland

DATE REC'D BY LOCAL REG. 11/23/51 — REGISTRAR'S SIGNATURE: Amanda Downey

24. FUNERAL DIRECTOR — ADDRESS: J. Dachs Sons, Hyattsville, Md.

2-1-5

RE
NOV
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-1

1. PLACE OF DEATH:
County. Prince George
City or town. Cedar Heights (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 8 years
Hospital, institution, or street address where death occurred: Home
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State Maryland County Prince George
City or town. Cedar Heights (If outside city or town limits, write RURAL and give nearest town)
Street No. 6213 - L - St NE (If rural, give LOCATION)
2.(a) If veteran, name war. None

3.(a) FULL NAME WALTER Oliver PARR, Sr. **3.(b) Social Security Number** 579-03-4120

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Negro	Widowed

6.(b) Name of husband or wife: Mary PARR
6.(c) If alive, give age: dead years
7. Birth date of deceased (mo., day, yr.): Oct. 24, 1881

8. AGE: Years 70 | Months | Days | If less than one day: hrs. min.

9. Birthplace: South Carolina (Town, county, and state)
10. Usual occupation: Stock Clerk
11. Industry or business: U.S. Govt

MOTHER FATHER
12. Name: unknown
13. Birthplace: unknown
14. Maiden name: unknown
15. Birthplace:

16. Informant: Mrs Fannie Caldwell Daughter
Address: 6213 - L - St NE

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 10. 51 (month) (day) (year)
Cemetery or crematory: Lincoln Mem.
Location: Suitland Md.
18. Funeral director: Myrtle K. Rollins
Address: 4339 Hunts pl. N.E.

19. Nov. 9 19 51 (Date rec'd by registrar) Carrie V. Campbell Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 7 19 51 at 3:08 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 10 19 50 to Nov 7 19 51
and that I last saw him alive on Nov 7 19 51

Immediate cause of death	DURATION
Metastatic Carcinoma in brain producing Hemiplegia	1 day
due to Metastatic Carcinoma	2 wks
due to Carcinoma of Prostate	1 yr.
Other conditions: Gen. Arteriosclerosis	

177 (Include pregnancy within 3 months of death)
516
Major findings of operation: Nine Date of op.
Autopsy results: None
PHYSICIAN: Please underline the cause to which death should be charged statistically

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide. Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Robert R McKeon, M D (M. D. or other)
Address 412 GRANT St NE Date signed 11/7/51

RECEIVED
NOV 14 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11256

Reg. Dist. No. 142

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45

1. PLACE OF DEATH:
County: Prince George
City or town: Seabrook Park
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 1 year.
Hospital, Institution, or street address where death occurred:
1307 - 50" Ave.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Prince George
City or town: Seabrook Park
(If outside city or town limits, write RURAL and give nearest town)
Street No.: 1307 - 50" Ave.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME: Laura Queen Pearson

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	Negro	Widowed

6.(b) Name of husband or wife: Oscar Pearson — 6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Aug. 7, 1873

8. AGE: Years: 78 | Months: 3 | Days: 15 | If less than one day: ..... hrs. ..... min.

9. Birthplace: Enoree, S. C. (Town, county, and state)

10. Usual occupation: Farming

11. Industry or business:

FATHER — 12. Name: John Montgomery
13. Birthplace: Enoree, S. C.

MOTHER — 14. Maiden name: Amanda
15. Birthplace: Enoree, S. C.

16. Informant: Maggie Ferguson
Address: 1307 - 50" Ave.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 11-26-1951 (month) (day) (year)
Cemetery or crematory
Location: Spartanburg S. Car.
18. Funeral director: John T. Hunt
Address: 230-H St. No. S. C.

19. Nov 24 1951 (Date rec'd by registrar) Carrie F. Campbell Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 22 1951 at (10) 5:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 22, 1950 to Nov. 22, 1951 and that I last saw h.. alive on Nov. 22, 1951

Immediate cause of death	DURATION
Left Ventricular Failure	
Due to Heart Disease	
Uremia	
Due to Chronic Nephritis	
Other conditions Natural Causes	

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ..... Date of .....
Where did injury occur? ..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE: John Montgomery, M.D.
M. D. or other
Address: 1001 Eastern Ave. Date signed: 11/24/51

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

1957 5

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westwood, Md. LENGTH OF STAY (In this place) 2 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Westwood % Rudolf Yakel

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westwood, Md
STREET ADDRESS (If rural, give location) 2 or 3 go Rudolf Yakel.

3. NAME OF DECEASED (Type or Print): (First) John Sylvester (Middle) (Last) Pinkney.

4. DATE OF DEATH: (Month) Nov (Day) 1 (Year) 1957

5. SEX: M | 6. COLOR OR RACE: Negro | 7. SINGLE, MARRIED, WIDOWED, or DIVORCED (Specify): Single | 8. DATE OF BIRTH: Apr 27 1951 | 9. AGE last birthday: yrs. 6 | If under 1 year: Months | Days | If under 24 hrs: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant | 10b. KIND OF BUSINESS OR INDUSTRY: Infant | 11. BIRTHPLACE (State or foreign country): Free Mans Hospital DC | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Uncertain | 14. MOTHER'S MAIDEN NAME: Louise Pinkney.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no | 16. SOCIAL SECURITY NO. — | 17. INFORMANT AND ADDRESS: Louise Pinkney - Westwood Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Bronchopneumonia — 4 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) none — (c)

1 1 X
1 0 7

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. unknown

19a. DATE OF OPERATION (Month) (Day) (Year) none | 19b. MAJOR FINDINGS OF OPERATION — | 20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH: none | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY none | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR? none

22. *I certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Paul Van Ingen M.D. Acting Coroner Washington 19 Nov 1 1957.

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF 11-3-57 | NAME OF CEMETERY OR CREMATORY John Wesley | LOCATION (City, town, or county) (State) Oxon Md

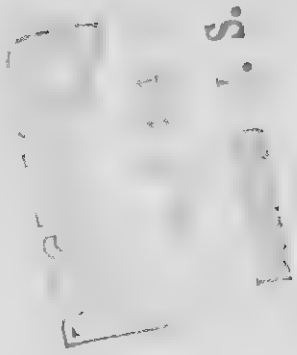
DATE REC'D BY LOCAL REG. 11-3-57 | REGISTRAR'S SIGNATURE Eliz. Moore | 24. FUNERAL DIRECTOR Hunt & Lyon | ADDRESS Wash DC

3X4 271 996 496

VS. A15A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11258

CERTIFICATE OF DEATH

Reg. Dist. No. 231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George's Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Deanwood Park
STREET ADDRESS (If rural, give location) 5301 Maple Road

3. NAME OF DECEASED (Type or Print): (First) Laura (Middle) (Last) Porter
4. DATE OF DEATH: (Month) 11 (Day) 25 (Year) 1951

5. SEX: F — 6. COLOR OR RACE: C — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M — 8. DATE OF BIRTH: ? — 9. AGE last birthday: 52 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) — 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (State or foreign country): ? — 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: unknown — 14. MOTHER'S MAIDEN NAME: Charity Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) — 16. SOCIAL SECURITY No. — 17. INFORMANT AND ADDRESS: Husband

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Circulatory failure + respiratory failure

443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b) Hypertensive Cardiovascular Disease; pulmonary edema

1?1 (c) Hyperthermia due to old + ? new cerebral hemorrhage

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Complete paralysis lower + Rt upper extremity due to CVA

19a. DATE OF OPERATION: ? — 19b. MAJOR FINDINGS OF OPERATION: — — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): — PLACE (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 11-24, 1951, to 11-25, 1951, that I last saw the deceased alive on 11-25, 1951, and that death occurred at 7:40 A m., from the causes and on the date stated above.

SIGNATURE: R B Passer — (Degree or title): MD — ADDRESS: Upper Marlboro Md — DATE SIGNED: 11-25-51

23. BURIAL, CREMATION, REMOVAL (Specify): Funeral — DATE THEREOF: 11/26/51 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State): Washington, D.C.

DATE REC'D BY LOCAL REG.: 11/26/51 — REGISTRAR'S SIGNATURE: Amanda Downey — 24. FUNERAL DIRECTOR: Peoples Funeral Home — ADDRESS: Wash. D.C.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11251

Reg. Dist. No. 230

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince George Cy. MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hollywood Hills; LENGTH OF STAY (in this place) 7 Mo.; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Prince George; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hollywood Hills; STREET ADDRESS (If rural, give location) 9712 - 52ND AVE

3. NAME OF DECEASED (Type or Print): (First) ERNest (Middle) Nelson (Last) Reid SR-

4. DATE OF DEATH: (Month) Nov (Day) 20 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Dec-23-1868

9. AGE last birthday: 82 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Butcher

10b. KIND OF BUSINESS OR INDUSTRY: MARKET

11. BIRTHPLACE (State or foreign country): McLean VA

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Edwin Reid

14. MOTHER'S MAIDEN NAME: MARY Nelson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NONE (If year, give war or dates of service): NONE

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT AND ADDRESS: MRS Thomas Reid 9712 - 52ND AVE Hollywood Hills

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac failure — Interval Between Onset and Death: 10 hrs

Antecedent cause(s) (b) Arteriosclerosis — 25 Yrs.

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) do

450.0

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —

(CITY OR TOWN) (COUNTY) (STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?: —

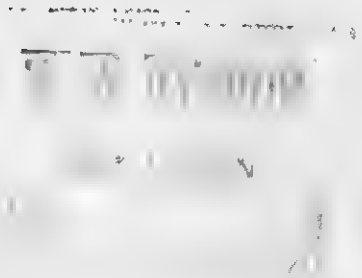
22. I hereby certify that I attended the deceased from June, 1936, to Nov. 20, 1951, that I last saw the deceased alive on 11/15, 1951, and that death occurred at 4:00 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): C. A. Reichelderfer, M.D. ADDRESS: 1844 Col. Rd NW DATE SIGNED: 11/20/51

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE: Nov. 23, 1951 — NAME OF CEMETERY OR CREMATORY: CEDAR HILL CEMETERY — LOCATION (City, town, or county) (State): SUITLAND, MARYLAND

DATE REC'D BY LOCAL REG.: Nov 21-1951 — REGISTRAR'S SIGNATURE: Irma L. Smith

24. FUNERAL DIRECTOR ADDRESS: W W CHAMBERS CO 1400 CHAPIN ST NW WASH. D.C.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 237

1. PLACE OF DEATH
COUNTY Pr. Geo's. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westwood
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Pr. Geo's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westwood
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Ella (Middle) M. (Last) Richards

4. DATE OF DEATH: (Month) 11 (Day) 1 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 1/9/68

9. AGE last birthday: 83 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seville

10b. KIND OF BUSINESS OR INDUSTRY: Gen Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Thomas Segar

14. MOTHER'S MAIDEN NAME: Margaret Ann Watson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Frank W. Richards (son) Brandywine, Maryland.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Heart Failure

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerosis

(c)

INTERVAL BETWEEN ONSET AND DEATH:

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1951, to Nov. 1, 1951, that I last saw the deceased alive on Oct. 30, 1951, and that death occurred at 5 A.M. Nov 4, 1951 m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Wm. Fred Keeler, M.D. ADDRESS: Laurel, Md. DATE SIGNED:

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 11/3/51 | NAME OF CEMETERY OR CREMATORY: Emanuel Methodist | LOCATION (City, town, or county): Horsehead (State): Md.

DATE REC'D BY LOCAL REG. Nov 5th 1951 | REGISTRAR'S SIGNATURE: Donna M. B. Smith Deputy Local Reg. | **24. FUNERAL DIRECTOR** ADDRESS: Ritchie Brothers-Upper Marlboro, Md.

RECEIVED
NOV [illegible] 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

11161

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince Georges; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN W. Lanham
LENGTH OF STAY (In this place) transit
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 50 near Lanham Speedway

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seat Pleasant
STREET ADDRESS (If rural, give location) 6600 Greig Street

3. NAME OF DECEASED (Type or Print): (First) Vernon (Middle) Leslie (Last) Sampson
4. DATE OF DEATH: (Month) Nov. (Day) 3, (Year) 1951

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED OR DIVORCED (Specify): Married
8. DATE OF BIRTH: 6-2-1922
9. AGE last birthday: 29 yrs. If under 1 year: Months / Days. If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pipe fitter
10b. KIND OF BUSINESS OR INDUSTRY: Wash Terminal
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Marvin Sampson
14. MOTHER'S MAIDEN NAME: Pearl Morgan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W.W.
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Marvin C. Sampson, W. Lanham Hills

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage and shock

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Compound fracrure of skull and fractured cervical vertebrae.

1700 (c) Automobile accident.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Street
(CITY OR TOWN) W. Lanham (COUNTY) Pr. Georges (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) 11-3-51 (Hour) P m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Automobile driven by deceased rolled off the road over an embankment

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS — DATE SIGNED

John J. Maloney, M.D. Deputy Medical Examiner, Cheverly-Hyattsville, Md. 11-3-51

23. BURIAL, CREMATION OR REMOVAL (Specify) Burial
DATE THEREOF 11/7/51
NAME OF CEMETERY OR CREMATORY Lee Funeral Home
LOCATION (City, town, or county) (State) Washington D.C.

DATE REC'D BY LOCAL REG. Nov 3-1951
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Carrie F. Campbell
ADDRESS D. Williams Lee Funeral Co. 5th & Florida Ave. Washington, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

C.

COPY SE[illegible] REGISTRAR [illegible] 4/9/57

Item 9 Film 3137 11/21/51 ww

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 342

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Capitol Heights
LENGTH OF STAY (in this place): 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 603-48th Ave

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Capitol Heights
STREET ADDRESS (If rural, give location): 603-48th Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
LYMAN	SWAMPSTEAD	SCHLOSSER	November	11	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	6/18/93	58 ~~yrs.~~				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter	Southern Railroad	Washington DC	U S A

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William T. Schlosser	Emma Viola Bingham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT, AND ADDRESS
No None		Mrs. L. Schlosser, 603-48th Ave, Capitol Hgts

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hypertensive Coronary Heart disease	13 years
420 1 Antecedent cause(s)		
94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Nov 1, 1941, to Nov 11, 1951, that I last saw the deceased alive on Nov 11, 1951, and that death occurred at 1:30 P.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
William Braicin	MD	6124 Central Ave, Capitol Hgts Md.	11/11/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov. 14, 1951	Cedar Hill	Suitland, Maryland.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 12 - 51	Carrie F. Campbell.	W.W. Chambers Co.	517 11th St., S.E. Wash., D.C.

JUN 15 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 239

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Warren Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Savage
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) PAULINE (Middle) EDITH (Last) SHERMAN

4. DATE OF DEATH: (Month) Nov. (Day) 20 (Year) 1951

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June 10, 1906

9. AGE last birthday: 45 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Columbia (Howard County), Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Ross

14. MOTHER'S MAIDEN NAME: Lillie Virginia Polk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Edgar L. Sherman, Savage, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Hypertensive encephalopathy	4 d.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Malignant hypertension	3 y.
	(c) Cirrhosis of the liver	5 y.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-11, 1950, to 11-20, 1951, that I last saw the deceased alive on 11-20, 1951 and that death occurred at 12:55 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Wm. R. Benge, M.D. — ADDRESS — DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF Nov 22 1951 — NAME OF CEMETERY OR CREMATORY Savage Cemetery — LOCATION (City, town, or county) (State) Savage, Maryland

DATE REC'D BY LOCAL REG. Nov 22-1951 — REGISTRAR'S SIGNATURE M. Brashears

24. FUNERAL DIRECTOR — ADDRESS

RECEIVED
NOV 26 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Rainier
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3252 - Queenstown Dr.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS 3252 Queenstown Dr (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Samuel (Middle) (Last) Strasberg

4. DATE OF DEATH: (Month) 11 (Day) 22 (Year) 1951

5. SEX: M. 6. COLOR OR RACE: W 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) 8. DATE OF BIRTH: Aug - 1 - 9. AGE last birthday: 38 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrical Appliances
10b. KIND OF BUSINESS OR INDUSTRY: Salesman
11. BIRTHPLACE (State or foreign country): Newark N J.
12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Louis Strasberg
14. MOTHER'S MAIDEN NAME: Lilje Strasberg

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Esther

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval Between Onset and Death: 1 hour

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary heart disease — 1 year

94a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 25, 1951, to Nov. 22, 1951, that I last saw the deceased alive on Nov. 22, 1951, and that death occurred at 3:25 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Ronald S. Flexner M.D. 5432 Queens Chapel Rd, Hyattsville Md 11/22/51

23. BURIAL, CREMATION, REMOVAL (Specify) Removal | DATE THEREOF 11-22-1951 | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) Washington DC

DATE REC'D BY LOCAL REG. 11-22-51 | REGISTRAR'S SIGNATURE Amanda Downey | 24. FUNERAL DIRECTOR Goldberg Funeral Home | ADDRESS 417 9th St NW

11-23-51 James Leary Wash. DC

11265

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly Md — LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park Md
STREET ADDRESS (If rural, give location) V. F 2 off E

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Baby	Girl	Taylor		Nov.	7,	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W		11/2/51	4 days yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None	—	Md.	U.S.A.

13. FATHER'S NAME: Earl Taylor
14. MOTHER'S MAIDEN NAME: Marie Lee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
—	—	Earl Taylor College Park Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Prematurity — Interval between onset and death: 4 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

776X
159

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

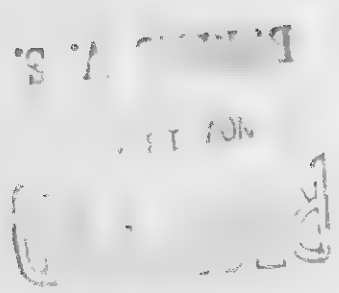
TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Nov. 3, 1951, to Nov. 7, 1951, that I last saw the deceased alive on Nov. 6, 1951, and that death occurred at 10 A.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Wm. H. Holbrook	M.D.	College Park, Md.	11/8/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/8/51	Mt. Lincoln	Cheverly Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/8/51	Amanda Downey	E. Gaschi & Son	Hyattsville Md.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 7-15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5801 42nd Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington — COUNTY D. C.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS 815 18th St. N.W. (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) E (Last) TAYLOR
4. DATE OF DEATH: (Month) NOV. (Day) 14 (Year) 1951
5. SEX: M
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M
8. DATE OF BIRTH: Aug. 3, 1875
9. AGE last birthday: 76 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk
10b. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (State or foreign country): Staunton, County, Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Charles A. Taylor
14. MOTHER'S MAIDEN NAME: Fannie Miller
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 718 10 6198
17. INFORMANT AND ADDRESS: Margaret Lindsay, R.F.D. #2 Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arthritis, rheumatoid — Interval between onset and death: 15 years.

722.0 Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

59a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis, generalized — years.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August, 1950, to November 14, 1951, that I last saw the deceased alive on November 14, 1951, and that death occurred at 3:10 a.m., from the causes and on the date stated above.

SIGNATURE: Aaron H. Traum (Degree or title) M.D. ADDRESS: 8237 Georgia Ave. Silver Spring, Md. DATE SIGNED: Nov 14 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Nov. 16, 1951
NAME OF CEMETERY OR CREMATORY: Hollywood Cemetery
LOCATION (City, town, or county) (State): Richmond, Virginia

DATE REC'D BY LOCAL REG. NOV 15 1951
REGISTRAR'S SIGNATURE: James Selby
24. FUNERAL DIRECTOR: Arthur Walters, 254 Carroll St. NW ADDRESS: Takoma Park, D.C.

NOV 16 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington 19 DC — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 716 Delano Drive

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington 19 DC
STREET ADDRESS (If rural, give location) 6-Delano Drive

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
James	McKinley	Thomas	Nov	10	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	White	Married	Dec 5 1870	80 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Farmer	Own Farm	Prince Georges Co. Md.	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Isaac Thomas	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	213-01-8062	Mrs Elsie Deans Washington DC

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute coronary thrombosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Secondary Anemia — 3 mo
(c) Adenocarcinoma of transverse Colon — 2 years

15 X

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Cystitis — Unknown

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While at Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Nov 10 1949 to Nov 10, 1951, that I last saw the deceased alive on Nov 10, 1951, and that death occurred at 10 15p m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Paul Thurlkill M.D. 5440 Nichols Rd - Washington 19 DC 11/10/1951

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/13/51	Suitland Memorial	Suitland, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov 10-1951	Edna F. Collins	R. Leslie Hines	Upper Marlboro, Md.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH — COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Carmody Hills
LENGTH OF STAY (in this place): 24 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 7301--D Street

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Pr.Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Carmody Hills
STREET ADDRESS (If rural, give location): 7301--D--Street, Washington 19, D.C.

3. NAME OF DECEASED (Type or Print): (First) Adam (Middle) John (Last) Dundore Todd

4. DATE OF DEATH: (Month) November (Day) 6th, (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 21/1893

9. AGE last birthday: 58 yrs. — If under 1 year: Months — If under 24 hrs.: Days, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Building Guard

10b. KIND OF BUSINESS OR INDUSTRY: U.S.Gov't

11. BIRTHPLACE (State or foreign country): Philadelphia, Penna.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Samuel Marshall Todd

14. MOTHER'S MAIDEN NAME: Anna E. Lucomb

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If year, give war or dates of service): Unknown

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Mrs.Olga A.Todd 7301-D St.N.E.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Heart Disease — Interval between Onset and Death: 2 yrs.

420.1 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b)

94.2 (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/6, 1949, to 11/6, 1951, that I last saw the deceased alive on 11/3, 1951, and that death occurred at 10:57 m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Williams Brannin M.D. — ADDRESS: 612 4 Central Ave, Capitol Hgts Md — DATE SIGNED: 11/6/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 11/9/1951 — NAME OF CEMETERY OR CREMATORY: Fort Lincoln Cemetery — LOCATION (City, town, or county) (State): Colmar Manor, Pr.Geo.Md.

DATE REC'D BY LOCAL REG.: Nov. 8. 51 — REGISTRAR'S SIGNATURE: Carrie L. Campbell

24. FUNERAL DIRECTOR — ADDRESS: W.W.Chambers Company, Riverdale, Md.

11/6/51

Coroner notified & permission given to sign certificate

William Brann MD

RECEIVED
NOV 14 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince George's Co. MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Largo; LENGTH OF STAY (in this place) 1 mos; HOSPITAL OR INSTITUTION OR STREET ADDRESS Landover Md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P.G. Co.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 5451 Sheriff Rd Ext.; STREET ADDRESS (If rural, give location) Washington 19 DC

3. NAME OF DECEASED (Type or Print): (First) Walter (Middle) Francis (Last) Tucker

4. DATE OF DEATH: (Month) Nov (Day) 1 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan 10 1913

9. AGE last birthday: 38 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: P.E.P.Co.

11. BIRTHPLACE (State or foreign country): Washington D.C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Victor Henry Tucker

14. MOTHER'S MAIDEN NAME: Mary Anne Talbert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 577-05-0470

17. INFORMANT AND ADDRESS: Mrs. Victor Henry Tucker

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Exhaust gas - From automobile — Interval between onset and death: unknown

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Undetermined - "He was treated in

(c) Shrine Grove Hospital Feb 2 Apr 1951

973.1

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Undetermined

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Farm

(CITY OR TOWN) (COUNTY) (STATE): Landover Hts Md Largo Prince Geo. Co.

TIME OF INJURY (Month) (Day) (Year) (Hour): Nov 1 1951 A m.

INJURY OCCURRED While at Work ☐ Not While At work ☒

HOW DID INJURY OCCUR? — during work hours in exhaust gas Car Ejected into Cornfield Ditch

22. I hereby certify that I attended the deceased from Nov 1 1951 to Nov 1 1951, that I last saw the deceased alive on ....., 19....., and that death occurred at 4:45 P.M. on Nov 1 1951, from the causes and on the date stated above.

SIGNATURE: Paul C Vanderlaan M.D. (Degree or title) ADDRESS: 1st & I Sts N.W. Washington 1 DC DATE SIGNED: Nov 1 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: 11/3/51; NAME OF CEMETERY OR CREMATORY: Cedar Hill; LOCATION (City, town, or county) (State): Suitland Md

DATE REC'D BY LOCAL REG.: Nov. 3-51; REGISTRAR'S SIGNATURE: Carrie F. Campbell.

24. FUNERAL DIRECTOR: W.W. Chambers Co; ADDRESS: 5111 Ga Ave

515-24

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH
COUNTY Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (In this place) 28 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Prince George.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN University Hill.
STREET ADDRESS (If rural, give location) 3409 Rutgers

3. NAME OF DECEASED (Type or Print): (First) Arthur (Middle) (Last) Turner

4. DATE OF DEATH: (Month) Nov (Day) 17 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 3-11-94

9. AGE last birthday: 57 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Engineer.

10b. KIND OF BUSINESS OR INDUSTRY: Eng-

11. BIRTHPLACE (State or foreign country): MINN.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Frank Turner

14. MOTHER'S MAIDEN NAME: Emma Seydel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): WW II

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Elizabeth Turner University Park Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Paralytic Abdominal Carcinomatosis — Interval Between Onset and Death: 6 mos

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c) Carcinoma of Colon — 1 yr

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Sept 1951

19b. MAJOR FINDINGS OF OPERATION: See #18(a) above

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Weather

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1950, to Nov, 1951, that I last saw the deceased alive on 11-16, 1951, and that death occurred at 5:15 P.M., from the causes and on the date stated above.

SIGNATURE: Edw. Steiner M.D. (Degree or title) ADDRESS: College Park Md DATE SIGNED: 11/17/51

23. BURIAL, CREMATION + REMOVAL (Specify): Burial — DATE THEREOF: Nov 20. 1951 — NAME OF CEMETERY OR CREMATORY: Geo Washington — LOCATION (City, town, or county) (State): Hyattsville Md

DATE REC'D BY LOCAL REG. 11/20/51 — REGISTRAR'S SIGNATURE: Amanda Downey — FUNERAL DIRECTOR + ADDRESS: E Gaede sons Hyattsville Md

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 242

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville | LENGTH OF STAY (In this place) 5 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5003 - N Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 5003 N Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Robert	Henry	Tyler	11	15	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	widowed	10/22/1885	66 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Watchman Dept. Stores		Maryland	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George W. Tyler	Rose Norton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	577-10-1130	Elmer H. Tyler 5003 N St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Intra cranial hemorrhage	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease	
(c)	

11 & X
131 a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑ Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James J. Boyd	M.D.	Frederick Md	11/15/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town or county)	(State)
Burial	11/19/51	Rock Creek	Washington	D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov 15 - 51	Carrie F. Campbell	W. W. Chambers Co.	517 11th St. S.E.

763-VII

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 230

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY PRINCE GEORGE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BELTSVILLE, MD RURAL
LENGTH OF STAY (in this place) 1 MO
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4503 BRANDON LANE

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WASHINGTON
STREET ADDRESS (If rural, give location) 701 H. ST NW. ✓

3. NAME OF DECEASED (Type or Print): (First) EDNA (Middle) A.R. WILDA (Last) WALL
4. DATE OF DEATH: (Month) 11 (Day) 1 (Year) 1951
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED
8. DATE OF BIRTH: SEPT. 21, 1882
9. AGE last birthday: 64 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE
10b. KIND OF BUSINESS OR INDUSTRY: HOME
11. BIRTHPLACE (State or foreign country): KANSAS MO.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: WILLIAM COLLINS
14. MOTHER'S MAIDEN NAME: CHARLOTTE GAGE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: NONE
17. INFORMANT AND ADDRESS: MRS EDNA CLARKE 4503 BRANDON LANE BELTSVILLE, MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Congestive Heart failure. — 1 day

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio - vascular renal disease. — 5 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) NO — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/15/47, 19..., to 11/1/51, 19..., that I last saw the deceased alive on 11/1/51, 19..., and that death occurred at 11:40 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Ralph J. Brumbach M.D. — 811-8-N.E. Washington D.C. — 11/2/51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Nov. 5, 1951 — NAME OF CEMETERY OR CREMATORY Arlington Natl. Cemetery — LOCATION (City, town, or county) Arlington — (State) Va.

DATE REC'D BY LOCAL REG. — REGISTRAR'S SIGNATURE John D. Spaulding — 24. FUNERAL DIRECTOR The S. H. Hines Co — ADDRESS 2951 14TH ST. N.W. WASH. D.C.

NOV 7 1
BU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Prince George — STATE MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Landover — LENGTH OF STAY (In this place) 11 years — HOSPITAL OR INSTITUTION OR STREET ADDRESS Osborne Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince George — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Landover — STREET ADDRESS (If rural, give location) Osborne Road

3. NAME OF DECEASED (Type or Print): (First) Thomas (Middle) (Last) Warnell

4. DATE OF DEATH: (Month) Nov (Day) 14 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH:

9. AGE last birthday: 79 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Grist farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Thomas Warnell

14. MOTHER'S MAIDEN NAME: unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Rachael Green - Same address

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular disease

422.1 / 73.1

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John J. Maloney M.D. Dep. Med. Exam. Church Hyattsville Md. 11-14-51

23. BURIAL, CREMATION OR REMOVAL (Specify): Removal | DATE THEREOF 11/14/51 | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REG. 11/14/51 | REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR ADDRESS Barnett Mathews 614-H St. N.W. Wash. D.C.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74/5

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH: COUNTY Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 439 Ethan Allen Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural, give location) 439 Ethan Allen Avenue

3. NAME OF DECEASED (Type or Print): (First) Louise (Middle) Grace (Last) Webb

4. DATE OF DEATH: (Month) Nov. (Day) 19 (Year) 19 51

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Jan. 8, 1896

9. AGE last birthday: 55 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker - Church Organist

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Stanton, Virginia

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: James McCambridge

14. MOTHER'S MAIDEN NAME: ? Anderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: 439 Ethan Allen Ave. Mr. Samuel Henry Webb, Takoma Park, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Generalized Carcinomatosis — 4 months

170X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cancer of Breast — 2 year.

50 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Secondary Anemia, Profound — 2 yr

19a. DATE OF OPERATION: 1948

19b. MAJOR FINDINGS OF OPERATION: Cancer of Breast

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19.48, to Nov ....., 1951, that I last saw the deceased alive on Nov 19, 1951, and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE (Degree or title): James H. Scully MD — ADDRESS: 1836 Eye St NW — DATE SIGNED: 11-20-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Nov. 23, 1951 — NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery — LOCATION (City, town, or county) (State): Arlington County, Va.

DATE REC'D BY LOCAL REG.: Nov 24, 1951 — REGISTRAR'S SIGNATURE: James Sivey

24. FUNERAL DIRECTOR — ADDRESS: Joseph E. Pumphrey 8434 Georgia Ave. Silver Spring, Maryland

RECEIVED
NOV 23 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Prince Georges — STATE: Maryland — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bowie — LENGTH OF STAY (In this place): 1001. — HOSPITAL OR INSTITUTION OR STREET ADDRESS: Bowie Race Track Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland. — COUNTY — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore — STREET ADDRESS (If rural, give location): 400 N. Franklin Town Road

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) Joseph (Last) Wiedekind

4. DATE OF DEATH: (Month) Nov. (Day) 30 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 4-10-1893

9. AGE: Last Birthday 58 yrs. — If under 1 year: Months — If under 1 day: Days — If under 24 hrs: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ticket seller

10b. KIND OF BUSINESS OR INDUSTRY: Racetrack

11. BIRTHPLACE (State or foreign country): Baltimore, Md

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Joseph J. Wiedekind

14. MOTHER'S MAIDEN NAME: Elizabeth Conchran

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: 214-05-3337

17. INFORMANT AND ADDRESS: Wife Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute congestive heart failure

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary occlusion

(c) Cardiovascular disease

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. — PLACE (Home, farm, factory, street or office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED: While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains and saw the body of the deceased from the time stated above, and death on the date stated above, and that I have obtained the facts relating to the cause of death from the evidence obtained by said Autopsy, Inspection, Inquiry ☒ thereon and from the evidence in my possession, and that death was due to the cause stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE (Degree or title): John D. Maloney M.D. — ADDRESS: Dep. Med. Exam. - Cheverly - Hyattsville Md — DATE SIGNED: 11-30-51

BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Dec 3, 1951 — CEMETERY: New Cathedral — LOCATION (City, Town, or County) (State): Baltimore Md

DATE REC'D BY LOCAL REG.: Dec 1, 1951 — REGISTRAR'S SIGNATURE: Amanda Downey — Dec. 7 1951 Agnes M. Yingling — 24. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: F. Raschi & Sons Hyattsville Md

VS A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

VS. A15

1. PLACE OF DEATH: COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY P.G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Marlboro
STREET ADDRESS (If rural, give location) Box 100

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Joyce		Weems	Nov.	29	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	Black	Single	Apr. 22, 1951	yrs. 7		7		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Washington D.C.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Edward Weems	Sally Sarah Henson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
		Father

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Meningitis - pneumococcal — Interval between onset and death: 24 hrs

340.1 Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Nov. 29, 1951, to Nov. 29, 1951, that I last saw the deceased alive on ....., 19....., and that death occurred at 11:42 P.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
K B Farmer	MD	Upper Marlboro, Md	Nov 30-51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	12-1-1951	Holy Family	Woodmore Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec. 1, 1951	Amanda Downey	H.S. Washington & Sons	467 "N" St NW Wash. D.C.

DEC 5 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 745

1. PLACE OF DEATH: COUNTY PRINCE GEORGES; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RIVERDALE; LENGTH OF STAY (in this place) 6 1/2 Days; HOSPITAL OR INSTITUTION OR STREET ADDRESS EUGENE LELAND MEMORIAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY PRINCE GEORGES; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LAUREL; STREET ADDRESS (If rural, give location) R F D # 2, Box 210

3. NAME OF DECEASED (Type or Print): (First) MRS. (Middle) HENRIETTA (Last) BRIDGET WHITEHEAD

4. DATE OF DEATH: (Month) 11 (Day) 3 (Year) 1951

5. SEX: F

6. COLOR OR RACE: Wh

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: 11/25/72

9. AGE last birthday: 78 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): JESSUP, Md.

12. CITIZEN OF WHAT COUNTRY? AMER

13. FATHER'S NAME: THOMAS SCULLY

14. MOTHER'S MAIDEN NAME: ELIZABETH FARRELL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: PATIENT'S CHART

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Hemorrhage	10 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Fibro Pneumonitis Chronic	7 da.
	(c) Bronchitis Chronic	5 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/27, 1951, to 11/3, 1951, that I last saw the deceased alive on 11/2, 1951, and that death occurred at 1085a m., from the causes and on the date stated above.

SIGNATURE: W B [illegible] (Degree or title) ADDRESS: 314 Montpelier Laurel Md DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: Nov 6 1951 | NAME OF CEMETERY OR CREMATORY: Ivy Hill | LOCATION (City, town, or county): Laurel | (State): Md

DATE REC'D BY LOCAL REG.: Nov 8 - 51 | REGISTRAR'S SIGNATURE: James Avery

24. FUNERAL DIRECTOR: Ridgely Selby. ADDRESS:

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 24

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville | LENGTH OF STAY (in this place) 10 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 5413 Queena Mobel Rd

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ALBERT	D.	WHITWORTH.	Nov.	3	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	July 6, 1902	49 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Statistician	Dept of Commerce	Washington D.C.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Albert Whitworth	Elizabeth Walden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Ernestine M. Whitworth

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Coronary occlusion	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Aug 28, 1951, to Nov. 3, 1951, that I last saw the deceased alive on Nov. 3, 1951, and that death occurred at 3:15 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Earl W. Graff MD	3400 34th St NE	11-3-57.

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY, OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov 6/51	Riverdale Nat'l	Lanham, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR
Nov 3rd	Amanda Downey	Perrigo Funeral Home

1951 V446 Jones Serv 07, 2009 14th St. N.E. Washington DC

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 105

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Prince George Co; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aquasco; LENGTH OF STAY (in this place) 5 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Pro; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aquasco Md; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Henry (Middle) Alexander (Last) Wise

4. DATE OF DEATH: (Month) 11 (Day) 13 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Sept 29, 1881

9. AGE last birthday: 70 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer U.S.N.

10b. KIND OF BUSINESS OR INDUSTRY: U.S.N.

11. BIRTHPLACE (State or foreign country): Warrington Va

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John A. Wise

14. MOTHER'S MAIDEN NAME: Agnes Brooks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): (If yes, give war or dates of service) WSN

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Maude Hodgkins

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Gastrointestinal Hemorrhage

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Probably neoplasm of gastro-intestinal tract

(c)

INTERVAL BETWEEN ONSET AND DEATH: (a) 6 hrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. arteriosclerotic cardiovascular disease

19a. DATE OF OPERATION None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 13, 1951, to Nov 13, 1951, that I last saw the deceased alive on Nov 13, 1951, and that death occurred at 1 00 p m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Roy Gaither, M D ADDRESS Mechanicsville, Md DATE SIGNED 11/13/51

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF 11/16/51 | NAME OF CEMETERY OR CREMATORY St Paul | LOCATION (City, town, or county) (State) Aquasco Md

DATE REC'D BY LOCAL REG. 11-14-51 | REGISTRAR'S SIGNATURE D. L. Pickrell

24. FUNERAL DIRECTOR Hunter H Tyler ADDRESS Waldorf Md

MARYLAND STATE DEPARTMENT OF HEALTH

11280

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly — LENGTH OF STAY (In this place) D.O.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marion
STREET ADDRESS (If rural, give location) Park Street.

3. NAME OF DECEASED (Type or Print): (First) Ronnie (Middle) Willis (Last) Woods

4. DATE OF DEATH: (Month) Nov. (Day) 10 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 2/18/1936

9. AGE last birthday: 15 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Lumber

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Carlos L. Woods

14. MOTHER'S MAIDEN NAME: Ella Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Virgil Williams - Gambrills, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage & shock

819.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fracture of base of skull

1708 (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Street | (CITY OR TOWN) Near Bowie, Md. (COUNTY) Pr. George - Md. (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) 11- 10- 51 4:30 P.M. | INJURY OCCURRED While at work ☐ Not while at work X | HOW DID INJURY OCCUR? Automobile in which deceased was riding, hit a utility pole.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident X, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

John J. Maloney M.D. Dep. Med. Exam. Cheverly Hyattsville, Md. 12-10-51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 12/10/51 | NAME OF CEMETERY OR CREMATORY Burnett Funeral Home | LOCATION (City, town, or county) Marion (State) Pa.

DATE REC'D BY LOCAL REG. 12/10/51 | REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR F. Sasche — ADDRESS Hyattsville, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 239

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince George — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel; LENGTH OF STAY (in this place) 12 hrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Warren Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Prince George; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Bowie; STREET ADDRESS (If rural, give location) RD 2 Box 322

3. NAME OF DECEASED (Type or Print): (First) Samuel (Middle) FREDERICK (Last) Woods

4. DATE OF DEATH: (Month) 11 (Day) 27 (Year) 1951

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June 9 1904

9. AGE last birthday: 47 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming

10b. KIND OF BUSINESS OR INDUSTRY: Farming Labor

11. BIRTHPLACE (State or foreign country): Va.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James D Woods Sr

14. MOTHER'S MAIDEN NAME: Nannie C Spangler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Lydia H Woods Same as Dec'd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Coronary Thrombosis	14 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Cirrhosis Liver	2 Yrs.
(c)	Chronic Alcoholism	5 Yrs

581.1

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: INJURY OCCURRED While at Work ☐ Not While At work ☐: HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 26 19 51 to Nov 27, 19 51, that I last saw the deceased alive on Nov 27, 1951, and that death occurred at 4:00 A m., from the causes and on the date stated above.

SIGNATURE: F. M. Warren (Degree or title) M.D. ADDRESS: Laurel DATE SIGNED: 11/27/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: Nov 29; NAME OF CEMETERY OR CREMATORY: Parkins Chapel; LOCATION (City, town, or county) (State): Springfield Md

DATE REC'D BY LOCAL REG. 11/27/51; REGISTRAR'S SIGNATURE: Amanda Downey

24. FUNERAL DIRECTOR: F Gaede Sons Hyattsville Md ADDRESS

11-30-51 M. Beasheard. 910-1115

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 24-5

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Rainier
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3404 Shepherd st.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Prince George,
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Rainier
STREET ADDRESS (If rural, give location) 3404 Shepherd st.

3. NAME OF DECEASED (Type or Print): (First) KARL (Middle) A (Last) YOUNG.

4. DATE OF DEATH: (Month) Nov (Day) 16, (Year) 19 51

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 9/12/92

9. AGE last birthday: 59 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Auto Inspector

10b. KIND OF BUSINESS OR INDUSTRY: Boyd Co

11. BIRTHPLACE (State or foreign country): Washington D.C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John R. Young

14. MOTHER'S MAIDEN NAME: Barbara Hack

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Nellie E Young Mt Rainier Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute coronary thrombosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) myocardial infarction

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 10, 1951, to Nov 16, 1951, that I last saw the deceased alive on Nov 16, 1951, and that death occurred at 4:20 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Nov 19, 1951 — NAME OF CEMETERY OR CREMATORY: Ft Lincoln — LOCATION (City, town, or county): Colmar Manor — (State) Md

DATE REC'D BY LOCAL REG. Nov 19 1951 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR, ADDRESS: E Gaeth Sons Hyattsville Md

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11283

CERTIFICATE OF DEATH

Reg. Dist. No. 231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beverly. LENGTH OF STAY (in this place) 32 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park.
STREET ADDRESS (If rural, give location) 5210 - Mineola Rd

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
John	Michael	Zubres.	11	14	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	white	—	12 Nov 51	1 day -yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Maryland	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Clem Zubres	Helen Snyder.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Congenital atelectasis 6 — Instt. a

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Aspiration of amniotic fluid & mucus

762.0 161 a

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 12:30 A.m., from the causes and on the date stated above.

SIGNATURE Thomas A. Pentecost M.D. (Degree or title) ADDRESS College Park, Md DATE SIGNED 11/14/51

23. BURIAL / CREMATION / REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	11/15/51	Woods Nat Cemetery	Suitland, Md Prince Geo

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/14/51	Amanda Downey	W. W. Chambers	5801 Cleveland Ave Riverdale Md

20X121 261364

RECEIVED
NOV 20 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

11284 945
Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: P. Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Riverdale — LENGTH OF STAY (In this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Leland Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington, DC
STREET ADDRESS (If rural, give location): 3717 Minnesota Ave. N.E.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Santo	Samuel	Zumbo	Nov. 4 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs: Hours / Min.
Male	White	Married	7-12-1906	45 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Clerk	R.R. Express	New York	U.S.A.

13. FATHER'S NAME: Angelo Zumbo
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Sally Zumbo - 3325 C St. S.W., D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute congestive heart failure
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary occlusion
420.1 94a (c) Coronary thrombosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John D. Maloney	M.D. Dep. Med. Exam.	Cheverly, Hyattsville, Md	11-4-51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Removal	11/4/51		Washington	D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov 4th 1951 NOV 6	Amanda Downey	J. Sullivan Lee & Sons	Washington, D.C.

RECEIVED
NOV 7 1951
BUREAU V. S.